

62,577 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	45,173	911,968	\$ 19,932,810.49	\$ 21.86	14.574	\$	441.25	\$ 318.53
@PHYSICIANS SERVICES	10,068	39,004	\$ 543,395.97	\$ 13.93	.623	\$	53.97	\$ 8.68
OUTPATIENT VISITS	175	245	8,429.06	34.40	.004		48.17	.13
OFFICE VISITS	158	219	6,749.73	30.82	.003		42.72	.11
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	22	25	1,660.13	66.41	.000		75.46	.03
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.000		19.20	.00
INPATIENT VISITS	20	241	9,997.82	41.48	.004		499.89	.16
HOSPITAL VISITS	20	219	7,966.72	36.38	.003		398.34	.13
CRITICAL CARE	7	22	2,031.10	92.32	.000		290.16	.03
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	23	25	869.52	34.78	.000		37.81	.01
EXAMINATIONS	23	25	869.52	34.78	.000		37.81	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	9	280CR	2,326.99	8.31CR	.004CR		258.55	.04
PRINCIPAL SURGEON	9	19	2,742.25	144.33	.000		304.69	.04
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	1	299CR	415.26CR	1.39	.005CR		415.26CR	.01CR
OUTPATIENT SURGERY	18	39	3,114.22	79.85	.001		173.01	.05
PRINCIPAL SURGEON	15	26	2,731.74	105.07	.000		182.12	.04
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	3	13	382.48	29.42	.000		127.49	.01
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	100	176	1,244.04	7.07	.003		12.44	.02
RADIOLOGY	72	195	5,997.82	30.76	.003		83.30	.10
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	14	28	36.65	1.31	.000		2.62	.00
OTHER SERVICES/ALL X-OVERS	9,827	38,335	511,379.85	13.34	.613		52.04	8.17
@PHARMACY	39,468	415,123	\$ 11,326,224.78	\$ 27.28	6.634	\$	286.97	\$ 181.00
PRESCRIPTION DRUGS	38,858	157,697	10,922,104.68	69.26	2.520		281.08	174.54
SNF/ICF	719	4,953	259,653.36	52.42	.079		361.13	4.15
OUTPATIENTS	38,234	152,744	10,662,451.32	69.81	2.441		278.87	170.39
MEDICAL SUPPLIES	4,276	257,426	404,120.10	1.57	4.114		94.51	6.46
@DENTIST	2,278	10,611	\$ 532,300.30	\$ 50.16	.170	\$	233.67	\$ 8.51
VISITS - DIAGNOSTIC	1,335	5,990	56,817.60	9.49	.096		42.56	.91
ORAL SURGERY	373	1,185	59,976.50	50.61	.019		160.79	.96
DRUGS	14	35	540.00	15.43	.001		38.57	.01
ANESTHESIA	27	29	2,700.00	93.10	.000		100.00	.04
PERIODONTICS	162	172	25,148.00	146.21	.003		155.23	.40
ENDODONTICS	89	133	30,407.00	228.62	.002		341.65	.49
RESTORATIVE DENTISTRY	500	1,293	124,550.50	96.33	.021		249.10	1.99
PROSTHETICS	27	28	780.00	27.86	.000		28.89	.01
DENTURES, STAYPLATES	612	1,621	230,631.61	142.28	.026		376.85	3.69
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	1	1	609.09	609.09	.000		609.09	.01
FRACTURES, DISLOCATIONS	0	0	140.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	40	124	.00	.00	.002		.00	.00

62,577 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,390	3,690	\$ 77,209.13	\$ 20.92	.059	\$ 55.55	\$ 1.23
DIAGNOSTIC AND ANC. PROCED	392	393	18,506.04	47.09	.006	47.21	.30
EYE APPLIANCES	981	2,814	48,443.46	17.22	.045	49.38	.77
OTHER OPTOMETRIC SERVICES	361	483	10,259.63	21.24	.008	28.42	.16
@CHIROPRACTOR	14	20	\$ 193.52	\$ 9.68	.000	\$ 13.82	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	14	20	193.52	9.68	.000	13.82	.00
@PODIATRIST	624	1,535	\$ 12,558.98	\$ 8.18	.025	\$ 20.13	\$.20
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	624	1,535	12,558.98	8.18	.025	20.13	.20
@HOME HEALTH AGENCY	9	33	\$ 2,027.96	\$ 61.45	.001	\$ 225.33	\$.03
NURSE ANESTHESIST	1	4	\$ 88.71	\$ 22.18	.000	\$ 88.71	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,761	16,826	\$ 2,364,301.67	\$ 140.51	.269	\$ 856.32	\$ 37.78
HOSP INPATIENT TOTAL	782	4,968	2,138,158.63	430.39	.079	2734.22	34.17
HSC HOSPITALS	158	1,379	1,190,486.66	863.30	.022	7534.73	19.02
NON-HSC HOSPITAL TOTAL	59	446	475,283.98	1065.66	.007	8055.66	7.60
ACCOMMODATIONS	59	446	87,335.25	195.82	.007	1480.26	1.40
ADMINISTRATIVE DAYS	2	30	7,675.31	255.84	.000	3837.66	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	57	416	79,659.94	191.49	.007	1397.54	1.27
ANCILLARIES	57	0	387,948.73	.00	.000	6806.12	6.20
INPATIENT CROSSOVERS	567	3,143	472,387.99	150.30	.050	833.14	7.55
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,082	11,858	226,143.04	19.07	.189	108.62	3.61
MEDICAL	22	38	973.50	25.62	.001	44.25	.02
SURGERY	1	1	54.27	54.27	.000	54.27	.00
PATHOLOGY	38	181	2,014.35	11.13	.003	53.01	.03
RADIOLOGY	27	32	2,360.12	73.75	.001	87.41	.04
ROOM USE	39	49	1,889.23	38.56	.001	48.44	.03
CROSSOVERS/ALL OTH OUTPTNT	2,021	11,557	218,851.57	18.94	.185	108.29	3.50
@COUNTY HOSPITAL TOTAL	257	595	\$ 36,267.83	\$ 60.95	.010	\$ 141.12	\$.58
CO HOSPITAL INPATIENT TOTAL	12	61	23,170.33	379.84	.001	1930.86	.37
HSC HOSPITALS	4	13	16,893.63	1299.51	.000	4223.41	.27
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	48	6,276.70	130.76	.001	784.59	.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	247	534	13,097.50	24.53	.009	53.03	.21
MEDICAL	14	24	758.02	31.58	.000	54.14	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	11	57	625.89	10.98	.001	56.90	.01
RADIOLOGY	10	12	839.20	69.93	.000	83.92	.01
ROOM USE	27	34	1,240.64	36.49	.001	45.95	.02
CROSSOVERS/ALL OTH OUTPTNT	213	407	9,633.75	23.67	.007	45.23	.15

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,521	16,231	\$	2,328,033.84	\$ 143.43	.259	\$ 923.46	\$ 37.20
COMM HOSP INPATIENT TOTAL	771	4,907		2,114,988.30	431.01	.078	2743.18	33.80
HSC HOSPITALS	154	1,366		1,173,593.03	859.15	.022	7620.73	18.75
NON-HSC HOSPITALS TOTAL	59	446		475,283.98	1065.66	.007	8055.66	7.60
ACCOMMODATIONS	59	446		87,335.25	195.82	.007	1480.26	1.40
ADMINISTRATIVE DAYS	2	30		7,675.31	255.84	.000	3837.66	.12
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	57	416		79,659.94	191.49	.007	1397.54	1.27
ANCILLARIES	57	0		387,948.73	.00	.000	6806.12	6.20
INPATIENT CROSSOVERS	559	3,095		466,111.29	150.60	.049	833.83	7.45
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,847	11,324		213,045.54	18.81	.181	115.35	3.40
MEDICAL	8	14		215.48	15.39	.000	26.94	.00
SURGERY	1	1		54.27	54.27	.000	54.27	.00
PATHOLOGY	28	124		1,388.46	11.20	.002	49.59	.02
RADIOLOGY	17	20		1,520.92	76.05	.000	89.47	.02
ROOM USE	13	15		648.59	43.24	.000	49.89	.01
CROSSOVERS/ALL OTH OUTPTNT	1,819	11,150		209,217.82	18.76	.178	115.02	3.34
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	775	18,259	\$	2,860,217.60	\$ 156.65	.292	\$ 3690.60	\$ 45.71
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	15	519		237,582.26	457.77	.008	15838.82	3.80
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	771	17,740		2,622,635.34	147.84	.283	3401.60	41.91
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	400	464	\$	208,803.82	\$ 450.01	.007	\$ 522.01	\$ 3.34
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	400	464		208,803.82	450.01	.007	522.01	3.34
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	962	2,692	\$	20,645.60	\$ 7.67	.043	\$ 21.46	\$.33
PATHOLOGY	463	1,061		11,623.84	10.96	.017	25.11	.19
XO AND OTHERS	501	1,631		9,021.76	5.53	.026	18.01	.14
@ORGANIZED OUTPATIENT CLINIC	3,169	4,948	\$	229,792.42	\$ 46.44	.079	\$ 72.51	\$ 3.67
CLINIC	35	188		3,901.01	20.75	.003	111.46	.06
SURGICENTER	298	422		50,140.59	118.82	.007	168.26	.80
HEROIN DETOX CLINIC	2	20		178.30	8.92	.000	89.15	.00
RURAL HEALTH CLINIC	2,862	4,318		175,572.52	40.66	.069	61.35	2.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
KERN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED							
				AID CODE 10				
				----- MONTHLY AVERAGE -----				
62,577 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@ALL OTHER PROVIDERS	9,040	398,759	\$ 1,755,050.03	\$ 4.40	6.372	\$ 194.14	\$ 28.05	
DURABLE MED. EQUIP.	289	930	65,192.90	70.10	.015	225.58	1.04	
BLOOD BANK	1	4	382.50	95.63	.000	382.50	.01	
HEARING AID DISPENSERS	257	329	83,534.54	253.90	.005	325.04	1.33	
MEDICAL TRANSPORTATION	824	38,718	153,748.86	3.97	.619	186.59	2.46	
AMBULANCES/AIR TRANS	84	313	9,791.86	31.28	.005	116.57	.16	
OTHER TRANS	623	35,745	134,829.52	3.77	.571	216.42	2.15	

OTHER SERVICES	128	2,660	9,127.48	3.43	.043	71.31	.15
ACUPUNCTURE	43	138	2,413.15	17.49	.002	56.12	.04
ADULT DAY HEALTH CARE CTR	654	10,076	696,874.52	69.16	.161	1065.56	11.14
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	603	3,792	261,239.73	68.89	.061	433.23	4.17
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,596	3,758	52,409.62	13.95	.060	32.84	.84
PHYSICAL THERAPIST	2	7	32.77	4.68	.000	16.39	.00
PORTABLE X-RAY	5	12	97.02	8.09	.000	19.40	.00
PROSTHETIST/ORTHOTISTS	152	303	9,440.95	31.16	.005	62.11	.15
PROSTHETICS	148	295	9,193.77	31.17	.005	62.12	.15
ORTHOTICS	4	8	247.18	30.90	.000	61.80	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	154	283	34,023.91	120.23	.005	220.93	.54
HOSPICE SERVICES	14	176	19,827.21	112.65	.003	1416.23	.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	19.14	9.57	.000	19.14	.00
EPSDT SUPPLEMENTAL SERVICE	1	72	1,727.64	24.00	.001	1727.64	.03
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5,471	340,159	374,085.57	1.10	5.436	68.38	5.98
@CALIF. CHILDREN SERVICES*	2	2	53.00	26.50	.000	26.50	.00
@XOVER EXCLUDING STATE HOSP**	16,970	208,900	2,362,133.33	11.31	3.338	139.19	37.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,485
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND	AID CODE 20	

6,656 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,236	418,864	\$ 4,639,619.99	\$ 11.08	62.930	\$ 886.10	\$ 697.06
@PHYSICIANS SERVICES	1,768	9,282	\$ 222,237.11	\$ 23.94	1.395	\$ 125.70	\$ 33.39
OUTPATIENT VISITS	736	1,085	40,599.75	37.42	.163	55.16	6.10
OFFICE VISITS	611	855	27,180.47	31.79	.128	44.49	4.08
HOME VISITS	3	3	160.10	53.37	.000	53.37	.02
EMERGENCY ROOM	150	176	11,456.61	65.09	.026	76.38	1.72
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.01
OB VISITS/COMPRE PERI	1	1	94.73	94.73	.000	94.73	.01
OTHER OUTPATIENT	41	49	1,663.99	33.96	.007	40.59	.25
INPATIENT VISITS	110	940	26,226.58	27.90	.141	238.42	3.94
HOSPITAL VISITS	92	858	21,871.40	25.49	.129	237.73	3.29
CRITICAL CARE	7	17	2,258.98	132.88	.003	322.71	.34
SNF/ICF/TRANS IP CARE	16	65	2,096.20	32.25	.010	131.01	.31
OPHTHALMOLOGICAL SERVICES	91	143	6,214.09	43.46	.021	68.29	.93
EXAMINATIONS	90	142	6,177.69	43.50	.021	68.64	.93
SERVICES AND MATERIALS	1	1	36.40	36.40	.000	36.40	.01
INPATIENT HOSPITAL SURGERY	52	298	25,808.22	86.60	.045	496.31	3.88
PRINCIPAL SURGEON	40	59	20,979.45	355.58	.009	524.49	3.15
ASSISTANT SURGEON	4	4	674.75	168.69	.001	168.69	.10
ANESTHESIOLOGIST	13	235	4,154.02	17.68	.035	319.54	.62
OUTPATIENT SURGERY	107	337	29,118.77	86.41	.051	272.14	4.37
PRINCIPAL SURGEON	81	104	24,842.70	238.87	.016	306.70	3.73
ASSISTANT SURGEON	2	2	171.31	85.66	.000	85.66	.03
ANESTHESIOLOGIST	26	231	4,104.76	17.77	.035	157.88	.62
DIALYSIS	39	120	8,986.96	74.89	.018	230.43	1.35
PATHOLOGY	174	826	4,016.41	4.86	.124	23.08	.60
RADIOLOGY	253	551	23,303.25	42.29	.083	92.11	3.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	38	88		1,025.14		11.65	.013	26.98		.15
OTHER SERVICES/ALL X-OVERS	926	4,894		56,937.94		11.63	.735	61.49		8.55
@PHARMACY	4,271	134,565	\$	1,719,569.53	\$	12.78	20.217	\$ 402.62	\$	258.35
PRESCRIPTION DRUGS	4,159	20,728		1,576,525.07		76.06	3.114	379.06		236.86
SNF/ICF	123	895		52,743.83		58.93	.134	428.81		7.92
OUTPATIENTS	4,053	19,833		1,523,781.24		76.83	2.980	375.96		228.93
MEDICAL SUPPLIES	949	113,837		143,044.46		1.26	17.103	150.73		21.49
@DENTIST	373	1,719	\$	71,332.25	\$	41.50	.258	\$ 191.24	\$	10.72
VISITS - DIAGNOSTIC	255	1,111		12,122.75		10.91	.167	47.54		1.82
ORAL SURGERY	57	150		9,409.50		62.73	.023	165.08		1.41
DRUGS	4	8		70.00		8.75	.001	17.50		.01
ANESTHESIA	6	6		500.00		83.33	.001	83.33		.08
PERIODONTICS	35	47		7,245.00		154.15	.007	207.00		1.09
ENDODONTICS	26	43		6,651.00		154.67	.006	255.81		1.00
RESTORATIVE DENTISTRY	94	244		19,093.00		78.25	.037	203.12		2.87
PROSTHETICS	0	0		.00		.00	.000	.00		.00

DENTURES, STAYPLATES	42	95	16,121.00	169.69	.014	383.83	2.42
SPACE MAINTAINERS	1	1	120.00	120.00	.000	120.00	.02
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	6	9	.00	.00	.001	.00	.00
ALL OTHER SERVICES	4	5	.00	.00	.001	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

6,656 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	79	177	\$ 7,294.53	\$ 41.21	.027	\$ 92.34	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	39	40	1,842.09	46.05	.006	47.23	.28
EYE APPLIANCES	47	129	5,170.73	40.08	.019	110.02	.78
OTHER OPTOMETRIC SERVICES	9	8	281.71	35.21	.001	31.30	.04
@CHIROPRACTOR	15	31	\$ 432.37	\$ 13.95	.005	\$ 28.82	\$.06
VISITS	13	23	384.56	16.72	.003	29.58	.06
OTHER SERVICES	2	8	47.81	5.98	.001	23.91	.01
@PODIATRIST	83	156	\$ 1,470.45	\$ 9.43	.023	\$ 17.72	\$.22
MEDICINE/INJECTIONS	11	12	379.73	31.64	.002	34.52	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	72	144	1,090.72	7.57	.022	15.15	.16
@HOME HEALTH AGENCY	57	7,095	\$ 214,801.11	\$ 30.27	1.066	\$ 3768.44	\$ 32.27
NURSE ANESTHESIST	5	16	390.11	24.38	.002	78.02	.06
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	732	4,799	\$ 822,839.33	\$ 171.46	.721	\$ 1124.10	\$ 123.62
HOSP INPATIENT TOTAL	121	882	698,212.39	791.62	.133	5770.35	104.90
HSC HOSPITALS	53	366	424,648.53	1160.24	.055	8012.24	63.80
NON-HSC HOSPITAL TOTAL	20	74	210,247.57	2841.18	.011	10512.38	31.59
ACCOMMODATIONS	20	74	27,641.06	373.53	.011	1382.05	4.15
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	71	26,947.16	379.54	.011	1418.27	4.05
ANCILLARIES	20	0	182,606.51	.00	.000	9130.33	27.43
INPATIENT CROSSOVERS	50	442	63,316.29	143.25	.066	1266.33	9.51
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	652	3,917	124,626.94	31.82	.588	191.15	18.72
MEDICAL	201	320	13,809.99	43.16	.048	68.71	2.07
SURGERY	64	81	8,442.27	104.23	.012	131.91	1.27
PATHOLOGY	250	1,249	15,134.49	12.12	.188	60.54	2.27
RADIOLOGY	143	197	17,614.87	89.42	.030	123.18	2.65
ROOM USE	333	553	27,007.38	48.84	.083	81.10	4.06
CROSSOVERS/ALL OTH OUTPTNT	292	1,517	42,617.94	28.09	.228	145.95	6.40
@COUNTY HOSPITAL TOTAL	287	1,392	\$ 163,451.97	\$ 117.42	.209	\$ 569.52	\$ 24.56
CO HOSPITAL INPATIENT TOTAL	13	92	119,829.07	1302.49	.014	9217.62	18.00
HSC HOSPITALS	13	89	118,900.02	1335.96	.013	9146.16	17.86
NON-HSC HOSPITALS TOTAL	1	3	929.05	309.68	.000	929.05	.14
ACCOMMODATIONS	1	3	693.90	231.30	.000	693.90	.10
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	235.15	.00	.000	235.15	.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	282	1,300	43,622.90	33.56	.195	154.69	6.55
MEDICAL	129	202	7,648.25	37.86	.030	59.29	1.15

SURGERY	21	22	4,691.76	213.26	.003	223.42	.70
PATHOLOGY	98	497	5,623.93	11.32	.075	57.39	.84
RADIOLOGY	42	52	4,428.45	85.16	.008	105.44	.67
ROOM USE	175	290	14,145.77	48.78	.044	80.83	2.13
CROSSOVERS/ALL OTH OUTPTNT	70	237	7,084.74	29.89	.036	101.21	1.06

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KERN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

6,656 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	474	3,407	\$ 659,387.36	\$ 193.54	.512	\$ 1391.11	\$ 99.07
COMM HOSP INPATIENT TOTAL	109	790	578,383.32	732.13	.119	5306.27	86.90
HSC HOSPITALS	41	277	305,748.51	1103.79	.042	7457.28	45.94
NON-HSC HOSPITALS TOTAL	19	71	209,318.52	2948.15	.011	11016.76	31.45
ACCOMMODATIONS	19	71	26,947.16	379.54	.011	1418.27	4.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	71	26,947.16	379.54	.011	1418.27	4.05
ANCILLARIES	19	0	182,371.36	.00	.000	9598.49	27.40
INPATIENT CROSSOVERS	50	442	63,316.29	143.25	.066	1266.33	9.51
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	392	2,617	81,004.04	30.95	.393	206.64	12.17
MEDICAL	72	118	6,161.74	52.22	.018	85.58	.93
SURGERY	43	59	3,750.51	63.57	.009	87.22	.56
PATHOLOGY	155	752	9,510.56	12.65	.113	61.36	1.43
RADIOLOGY	101	145	13,186.42	90.94	.022	130.56	1.98
ROOM USE	169	263	12,861.61	48.90	.040	76.10	1.93
CROSSOVERS/ALL OTH OUTPTNT	227	1,280	35,533.20	27.76	.192	156.53	5.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	74	1,692	\$ 357,489.19	\$ 211.28	.254	\$ 4830.94	\$ 53.71
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	365	187,062.50	512.50	.055	15588.54	28.10
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	62	1,327	170,426.69	128.43	.199	2748.82	25.60
@INTERMEDIATE CARE FACIL.-DD	65	1,995	\$ 341,031.19	\$ 170.94	.300	\$ 5246.63	\$ 51.24
ICF DDH	23	703	104,866.51	149.17	.106	4559.41	15.76
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	42	1,292	236,164.68	182.79	.194	5622.97	35.48
@HEMODIALYSIS TOTAL	220	1,287	\$ 167,393.42	\$ 130.06	.193	\$ 760.88	\$ 25.15
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	220	1,287	167,393.42	130.06	.193	760.88	25.15
@REHABILITATION FACILITY	6	29	\$ 721.32	\$ 24.87	.004	\$ 120.22	\$.11
HOSPITAL BASED	1	5	191.52	38.30	.001	191.52	.03
INDEPENDENT FACILITY	5	24	529.80	22.08	.004	105.96	.08
@LABORATORY FACILITY	353	1,913	\$ 21,728.92	\$ 11.36	.287	\$ 61.56	\$ 3.26
PATHOLOGY	335	1,862	21,388.28	11.49	.280	63.85	3.21
XO AND OTHERS	18	51	340.64	6.68	.008	18.92	.05
@ORGANIZED OUTPATIENT CLINIC	561	989	\$ 71,440.68	\$ 72.24	.149	\$ 127.35	\$ 10.73
CLINIC	99	197	9,465.05	48.05	.030	95.61	1.42
SURGICENTER	39	123	6,492.91	52.79	.018	166.48	.98
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	439	669	55,482.72	82.93	.101	126.38	8.34

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

						----- MONTHLY AVERAGE -----		
6,656 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,408	253,119	\$ 619,448.48	\$ 2.45	38.029	\$ 439.95	\$ 93.07	
DURABLE MED. EQUIP.	121	507	85,646.13	168.93	.076	707.82	12.87	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	45	74	6,954.58	93.98	.011	154.55	1.04	
MEDICAL TRANSPORTATION	266	29,775	104,054.79	3.49	4.473	391.18	15.63	
AMBULANCES/AIR TRANS	134	1,811	24,513.19	13.54	.272	182.93	3.68	
OTHER TRANS	135	27,704	73,659.49	2.66	4.162	545.63	11.07	
OTHER SERVICES	8	260	5,882.11	22.62	.039	735.26	.88	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	41	593	41,102.87	69.31	.089	1002.51	6.18	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.02	
IHMC,MODEL-NF,NF,AIDS,MSSP	119	5,822	199,785.73	34.32	.875	1678.87	30.02	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	151	354	10,429.75	29.46	.053	69.07	1.57	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	42	157	11,381.70	72.49	.024	270.99	1.71	
PROSTHETICS	42	157	11,381.70	72.49	.024	270.99	1.71	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	42	63	5,022.72	79.73	.009	119.59	.75	
HOSPICE SERVICES	1	3	338.61	112.87	.000	338.61	.05	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	248	26,048	82,996.61	3.19	3.913	334.66	12.47	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	640	189,722	71,629.99	.38	28.504	111.92	10.76	
@CALIF. CHILDREN SERVICES*	206	40,033	\$ 240,821.91	\$ 6.02	6.015	\$ 1169.04	\$ 36.18	
@XOVER EXCLUDING STATE HOSP**	1,273	28,458	\$ 299,476.38	\$ 10.52	4.276	\$ 235.25	\$ 44.99	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,489
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

						----- MONTHLY AVERAGE -----		
223,878 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	185,777	6,999,757	\$ 127,819,134.74	\$ 18.26	31.266	\$ 688.02	\$ 570.93	
@PHYSICIANS SERVICES	57,031	258,062	\$ 7,858,284.18	\$ 30.45	1.153	\$ 137.79	\$ 35.10	
OUTPATIENT VISITS	29,041	44,383	1,638,907.19	36.93	.198	56.43	7.32	
OFFICE VISITS	22,553	33,124	1,028,720.45	31.06	.148	45.61	4.60	
HOME VISITS	196	236	9,681.38	41.02	.001	49.39	.04	
EMERGENCY ROOM	6,814	8,417	505,589.65	60.07	.038	74.20	2.26	
PREVENTIVE CARE	12	12	479.17	39.93	.000	39.93	.00	
OB VISITS/COMPRE PERI	248	897	32,888.26	36.66	.004	132.61	.15	
OTHER OUTPATIENT	1,373	1,697	61,548.28	36.27	.008	44.83	.27	
INPATIENT VISITS	4,256	30,037	1,296,871.35	43.18	.134	304.72	5.79	
HOSPITAL VISITS	3,850	27,042	978,522.02	36.19	.121	254.16	4.37	
CRITICAL CARE	352	2,038	283,382.75	139.05	.009	805.06	1.27	
SNF/ICF/TRANS IP CARE	393	957	34,966.58	36.54	.004	88.97	.16	
OPHTHALMOLOGICAL SERVICES	782	977	42,996.42	44.01	.004	54.98	.19	
EXAMINATIONS	777	972	42,819.97	44.05	.004	55.11	.19	
SERVICES AND MATERIALS	5	5	176.45	35.29	.000	35.29	.00	
INPATIENT HOSPITAL SURGERY	1,948	9,866	906,929.19	91.92	.044	465.57	4.05	
PRINCIPAL SURGEON	1,472	2,254	712,646.95	316.17	.010	484.14	3.18	

ASSISTANT SURGEON	142	168	37,027.24	220.40	.001	260.76	.17
ANESTHESIOLOGIST	586	7,444	157,255.00	21.13	.033	268.35	.70
OUTPATIENT SURGERY	3,258	8,418	660,398.05	78.45	.038	202.70	2.95
PRINCIPAL SURGEON	2,681	3,384	552,643.48	163.31	.015	206.13	2.47
ASSISTANT SURGEON	25	26	2,704.38	104.01	.000	108.18	.01
ANESTHESIOLOGIST	694	5,008	105,050.19	20.98	.022	151.37	.47
DIALYSIS	345	1,153	81,431.12	70.63	.005	236.03	.36
PATHOLOGY	7,058	25,968	202,653.38	7.80	.116	28.71	.91
RADIOLOGY	10,968	25,309	1,162,769.00	45.94	.113	106.01	5.19
PSYCHIATRY	3	7	212.61	30.37	.000	70.87	.00
IMMUNIZATION AND INJECTION	2,163	13,223	301,886.42	22.83	.059	139.57	1.35
OTHER SERVICES/ALL X-OVERS	25,825	98,721	1,563,229.45	15.83	.441	60.53	6.98
@PHARMACY	143,518	2,221,501	\$ 59,678,730.81	\$ 26.86	9.923	\$ 415.83	\$ 266.57
PRESCRIPTION DRUGS	141,261	665,946	56,795,790.72	85.29	2.975	402.06	253.69
SNF/ICF	4,060	26,036	2,114,482.81	81.21	.116	520.81	9.44
OUTPATIENTS	138,040	639,910	54,681,307.91	85.45	2.858	396.13	244.25
MEDICAL SUPPLIES	17,033	1,555,555	2,882,940.09	1.85	6.948	169.26	12.88
@DENTIST	17,211	91,013	\$ 3,450,006.55	\$ 37.91	.407	\$ 200.45	\$ 15.41
VISITS - DIAGNOSTIC	11,294	57,860	580,224.29	10.03	.258	51.37	2.59
ORAL SURGERY	2,916	8,865	492,056.21	55.51	.040	168.74	2.20
DRUGS	398	768	11,321.25	14.74	.003	28.45	.05
ANESTHESIA	393	401	36,725.00	91.58	.002	93.45	.16
PERIODONTICS	1,444	1,659	232,991.25	140.44	.007	161.35	1.04
ENDODONTICS	1,179	1,797	336,096.25	187.03	.008	285.07	1.50
RESTORATIVE DENTISTRY	4,854	12,990	1,022,454.75	78.71	.058	210.64	4.57
PROSTHETICS	108	118	3,580.00	30.34	.001	33.15	.02
DENTURES, STAYPLATES	1,866	5,692	697,689.70	122.57	.025	373.90	3.12
SPACE MAINTAINERS	41	57	6,493.00	113.91	.000	158.37	.03
MAXILLOFACIAL SERVICES	33	35	5,840.11	166.86	.000	176.97	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	224	289	23,912.74	82.74	.001	106.75	.11
ALL OTHER SERVICES	393	482	622.00	1.29	.002	1.58	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,490
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60			

----- MONTHLY AVERAGE -----							
223,878 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4,331	11,101	\$ 263,330.85	\$ 23.72	.050	\$ 60.80	\$ 1.18
DIAGNOSTIC AND ANC. PROCED	2,678	2,725	125,092.14	45.91	.012	46.71	.56
EYE APPLIANCES	2,690	7,791	124,386.10	15.97	.035	46.24	.56
OTHER OPTOMETRIC SERVICES	451	585	13,852.61	23.68	.003	30.72	.06
@CHIROPRACTOR	818	1,265	\$ 20,283.28	\$ 16.03	.006	\$ 24.80	\$.09
VISITS	763	1,174	19,495.52	16.61	.005	25.55	.09
OTHER SERVICES	55	91	787.76	8.66	.000	14.32	.00
@PODIATRIST	2,159	3,927	\$ 65,714.23	\$ 16.73	.018	\$ 30.44	\$.29
MEDICINE/INJECTIONS	996	1,148	31,385.21	27.34	.005	31.51	.14
SURGERY/ANES.	48	55	3,292.58	59.87	.000	68.60	.01
RADIO./PATHOLOGY	71	103	1,860.58	18.06	.000	26.21	.01
OTHER	1,192	2,621	29,175.86	11.13	.012	24.48	.13
@HOME HEALTH AGENCY	1,028	37,598	\$ 1,347,094.43	\$ 35.83	.168	\$ 1310.40	\$ 6.02
NURSE ANESTHESIST	113	918	\$ 11,411.34	\$ 12.43	.004	\$ 100.99	\$.05
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	3	3	64.32	21.44	.000	21.44	.00
@TOTAL HOSPITAL	30,661	185,094	\$ 29,188,788.94	\$ 157.70	.827	\$ 951.98	\$ 130.38
HOSP INPATIENT TOTAL	4,260	27,015	24,956,427.54	923.80	.121	5858.32	111.47
HSC HOSPITALS	2,546	16,130	18,695,302.85	1159.04	.072	7343.01	83.51
NON-HSC HOSPITAL TOTAL	577	3,573	5,211,883.06	1458.69	.016	9032.73	23.28
ACCOMMODATIONS	575	3,573	1,149,649.16	321.76	.016	1999.39	5.14

ADMINISTRATIVE DAYS	46	322	70,796.54	219.87	.001	1539.06	.32
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	535	3,251	1,078,852.62	331.85	.015	2016.55	4.82
ANCILLARIES	570	0	4,062,233.90	.00	.000	7126.73	18.14
INPATIENT CROSSOVERS	1,207	7,312	1,047,969.57	143.32	.033	868.24	4.68
ALL OTHER INPATIENT	2	0	1,272.06	.00	.000	636.03	.01
HOSP OUTPATIENT TOTAL	27,877	158,079	4,232,361.40	26.77	.706	151.82	18.90
MEDICAL	8,716	14,384	540,245.31	37.56	.064	61.98	2.41
SURGERY	2,160	2,715	234,448.50	86.35	.012	108.54	1.05
PATHOLOGY	11,729	58,957	716,994.31	12.16	.263	61.13	3.20
RADIOLOGY	6,876	10,605	828,051.58	78.08	.047	120.43	3.70
ROOM USE	14,209	22,533	922,435.25	40.94	.101	64.92	4.12
CROSSOVERS/ALL OTH OUTPTNT	11,050	48,885	990,186.45	20.26	.218	89.61	4.42
@COUNTY HOSPITAL TOTAL	12,908	58,403	\$ 6,438,541.91	\$ 110.24	.261	\$ 498.80	\$ 28.76
CO HOSPITAL INPATIENT TOTAL	836	4,645	4,746,716.46	1021.90	.021	5677.89	21.20
HSC HOSPITALS	735	3,462	4,586,453.61	1324.80	.015	6240.07	20.49

NON-HSC HOSPITALS TOTAL	5	139	38,784.09	279.02	.001	7756.82	.17
ACCOMMODATIONS	5	139	29,432.93	211.75	.001	5886.59	.13
ADMINISTRATIVE DAYS	4	137	28,970.33	211.46	.001	7242.58	.13
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	462.60	231.30	.000	462.60	.00
ANCILLARIES	5	0	9,351.16	.00	.000	1870.23	.04
INPATIENT CROSSOVERS	98	1,044	121,478.76	116.36	.005	1239.58	.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12,483	53,758	1,691,825.45	31.47	.240	135.53	7.56
MEDICAL	5,462	8,397	269,674.05	32.12	.038	49.37	1.20
SURGERY	794	1,014	164,996.92	162.72	.005	207.80	.74
PATHOLOGY	4,315	21,151	245,914.81	11.63	.094	56.99	1.10
RADIOLOGY	2,257	3,390	332,957.49	98.22	.015	147.52	1.49
ROOM USE	8,038	13,073	512,867.25	39.23	.058	63.81	2.29
CROSSOVERS/ALL OTH OUTPTNT	2,729	6,733	165,414.93	24.57	.030	60.61	.74

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

AID CODE 60

PAGE 4,491 01/29/04

223,878 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,204	126,691	\$ 22,750,247.03	\$ 179.57	.566	\$ 1184.66	\$ 101.62
COMM HOSP INPATIENT TOTAL	3,465	22,370	20,209,711.08	903.43	.100	5832.53	90.27
HSC HOSPITALS	1,842	12,668	14,108,849.24	1113.74	.057	7659.53	63.02
NON-HSC HOSPITALS TOTAL	572	3,434	5,173,098.97	1506.44	.015	9043.88	23.11
ACCOMMODATIONS	570	3,434	1,120,216.23	326.21	.015	1965.29	5.00
ADMINISTRATIVE DAYS	42	185	41,826.21	226.09	.001	995.86	.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	534	3,249	1,078,390.02	331.91	.015	2019.46	4.82
ANCILLARIES	565	0	4,052,882.74	.00	.000	7173.24	18.10
INPATIENT CROSSOVERS	1,110	6,268	926,490.81	147.81	.028	834.68	4.14
ALL OTHER INPATIENT	2	0	1,272.06	.00	.000	636.03	.01
COMM HOSP OUTPATIENT TOTAL	16,640	104,321	2,540,535.95	24.35	.466	152.68	11.35
MEDICAL	3,417	5,987	270,571.26	45.19	.027	79.18	1.21
SURGERY	1,375	1,701	69,451.58	40.83	.008	50.51	.31
PATHOLOGY	7,685	37,806	471,079.50	12.46	.169	61.30	2.10
RADIOLOGY	4,757	7,215	495,094.09	68.62	.032	104.08	2.21
ROOM USE	6,698	9,460	409,568.00	43.29	.042	61.15	1.83
CROSSOVERS/ALL OTH OUTPTNT	8,473	42,152	824,771.52	19.57	.188	97.34	3.68
@STATE HOSPITAL	8	39	\$ 32,479.89	\$ 832.82	.000	\$ 4059.99	\$.15
MENTALLY ILL	6	0	16,339.53	.00	.000	2723.26	.07
DEVELOP. DISABLED	2	39	16,140.36	413.86	.000	8070.18	.07
@NURSING FACILITY	1,467	38,823	\$ 6,729,745.52	\$ 173.34	.173	\$ 4587.42	\$ 30.06
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	4	120	60,530.10	504.42	.001	15132.53	.27
LEV B-SUBACUTE HSPTL BASED	113	3,647	1,953,293.88	535.59	.016	17285.79	8.72
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1,365	35,056	4,715,921.54	134.53	.157	3454.89	21.06
@INTERMEDIATE CARE FACIL.-DD	753	23,206	\$ 3,804,206.23	\$ 163.93	.104	\$ 5052.07	\$ 16.99
ICF DDH	405	12,400	1,848,665.40	149.09	.055	4564.61	8.26
ICF DD	12	365	47,371.58	129.79	.002	3947.63	.21
ICF DDN/DDCN	336	10,441	1,908,169.25	182.76	.047	5679.08	8.52
@HEMODIALYSIS TOTAL	1,956	20,949	\$ 1,623,942.66	\$ 77.52	.094	\$ 830.24	\$ 7.25
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1,956	20,949	1,623,942.66	77.52	.094	830.24	7.25
@REHABILITATION FACILITY	65	171	\$ 6,842.04	\$ 40.01	.001	\$ 105.26	\$.03
HOSPITAL BASED	63	157	6,540.19	41.66	.001	103.81	.03
INDEPENDENT FACILITY	2	14	301.85	21.56	.000	150.93	.00
@LABORATORY FACILITY	12,149	58,552	\$ 775,093.95	\$ 13.24	.262	\$ 63.80	\$ 3.46

PATHOLOGY	11,373	55,645		726,222.92		13.05	.249	63.86	3.24
XO AND OTHERS	822	2,907		48,871.03		16.81	.013	59.45	.22
@ORGANIZED OUTPATIENT CLINIC	22,092	40,571	\$	2,962,725.80	\$	73.03	.181	\$ 134.11	\$ 13.23
CLINIC	3,500	7,006		193,791.05		27.66	.031	55.37	.87
SURGICENTER	697	2,576		115,917.04		45.00	.012	166.31	.52
HEROIN DETOX CLINIC	38	551		6,241.61		11.33	.002	164.25	.03
RURAL HEALTH CLINIC	18,068	30,438		2,646,776.10		86.96	.136	146.49	11.82

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,492
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
223,878 ELIGIBLES							
@ALL OTHER PROVIDERS	40,868	4,006,957	\$ 10,000,274.41	\$ 2.50	17.898	\$ 244.70	\$ 44.67
DURABLE MED. EQUIP.	3,651	14,509	2,215,914.64	152.73	.065	606.93	9.90
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	333	461	86,219.58	187.03	.002	258.92	.39
MEDICAL TRANSPORTATION	6,391	173,469	1,162,831.98	6.70	.775	181.95	5.19
AMBULANCES/AIR TRANS	4,673	46,406	708,127.14	15.26	.207	151.54	3.16
OTHER TRANS	1,683	120,517	370,684.22	3.08	.538	220.25	1.66
OTHER SERVICES	316	6,546	84,020.62	12.84	.029	265.89	.38
ACUPUNCTURE	34	87	1,594.91	18.33	.000	46.91	.01
ADULT DAY HEALTH CARE CTR	1,479	21,525	1,489,960.87	69.22	.096	1007.41	6.66
GENETIC DISEASE TESTING	93	95	9,861.00	103.80	.000	106.03	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	551	14,024	513,491.23	36.62	.063	931.93	2.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6,669	16,097	213,502.00	13.26	.072	32.01	.95
PHYSICAL THERAPIST	89	454	6,774.35	14.92	.002	76.12	.03
PORTABLE X-RAY	38	86	2,282.77	26.54	.000	60.07	.01
PROSTHETIST/ORTHOTISTS	1,206	3,094	296,501.77	95.83	.014	245.86	1.32
PROSTHETICS	1,135	2,972	288,119.99	96.94	.013	253.85	1.29
ORTHOTICS	76	122	8,381.78	68.70	.001	110.29	.04
PSYCHOLOGIST	125	343	10,947.85	31.92	.002	87.58	.05
SPEECH AND AUDIOLOGY	1,307	3,405	182,347.63	53.55	.015	139.52	.81
HOSPICE SERVICES	116	2,865	332,892.87	116.19	.013	2869.77	1.49
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10,352	432,007	2,049,308.72	4.74	1.930	197.96	9.15
EPSDT SUPPLEMENTAL SERVICE	3	1,090	26,788.05	24.58	.005	8929.35	.12
RESPIRATORY CARE PRACT.	3	7	115.31	16.47	.000	38.44	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12,948	3,323,346	1,399,054.19	.42	14.844	108.05	6.25
@CALIF. CHILDREN SERVICES*	5,953	473,269	\$ 9,456,079.34	\$ 19.98	2.114	\$ 1588.46	\$ 42.24
@XOVER EXCLUDING STATE HOSP**	30,133	348,463	\$ 4,611,993.53	\$ 13.24	1.556	\$ 153.05	\$ 20.60

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,493
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
92,136 ELIGIBLES							
@TOTAL, ALL PROVIDERS	116,359	702,585	\$ 24,135,807.25	\$ 34.35	7.626	\$ 207.43	\$ 261.96
@PHYSICIANS SERVICES	14,145	37,004	\$ 1,894,957.59	\$ 51.21	.402	\$ 133.97	\$ 20.57
OUTPATIENT VISITS	9,956	13,604	535,418.58	39.36	.148	53.78	5.81
OFFICE VISITS	6,585	8,512	295,107.90	34.67	.092	44.82	3.20
HOME VISITS	59	88	4,372.05	49.68	.001	74.10	.05
EMERGENCY ROOM	2,810	3,106	153,151.05	49.31	.034	54.50	1.66
PREVENTIVE CARE	185	188	7,210.23	38.35	.002	38.97	.08
OB VISITS/COMPRE PERI	451	1,327	60,918.28	45.91	.014	135.07	.66

OTHER OUTPATIENT	336	383	14,659.07	38.27	.004	43.63	.16
INPATIENT VISITS	1,017	5,541	573,941.97	103.58	.060	564.35	6.23
HOSPITAL VISITS	801	2,916	154,552.37	53.00	.032	192.95	1.68
CRITICAL CARE	276	2,621	419,219.95	159.95	.028	1518.91	4.55
SNF/ICF/TRANS IP CARE	3	4	169.65	42.41	.000	56.55	.00
OPHTHALMOLOGICAL SERVICES	103	108	5,329.30	49.35	.001	51.74	.06
EXAMINATIONS	100	105	5,234.71	49.85	.001	52.35	.06
SERVICES AND MATERIALS	3	3	94.59	31.53	.000	31.53	.00
INPATIENT HOSPITAL SURGERY	557	2,426	304,499.41	125.52	.026	546.68	3.30
PRINCIPAL SURGEON	386	521	245,661.14	471.52	.006	636.43	2.67
ASSISTANT SURGEON	35	36	6,799.59	188.88	.000	194.27	.07
ANESTHESIOLOGIST	194	1,869	52,038.68	27.84	.020	268.24	.56
OUTPATIENT SURGERY	815	1,580	133,669.17	84.60	.017	164.01	1.45
PRINCIPAL SURGEON	704	844	114,070.36	135.15	.009	162.03	1.24
ASSISTANT SURGEON	3	3	712.33	237.44	.000	237.44	.01
ANESTHESIOLOGIST	162	733	18,886.48	25.77	.008	116.58	.20
DIALYSIS	7	27	2,469.08	91.45	.000	352.73	.03
PATHOLOGY	1,654	4,496	44,625.02	9.93	.049	26.98	.48
RADIOLOGY	2,752	4,780	162,658.94	34.03	.052	59.11	1.77
PSYCHIATRY	26	51	1,921.47	37.68	.001	73.90	.02
IMMUNIZATION AND INJECTION	302	558	10,873.80	19.49	.006	36.01	.12
OTHER SERVICES/ALL X-OVERS	1,693	3,833	119,550.85	31.19	.042	70.61	1.30
@PHARMACY	18,222	86,269	\$ 2,480,061.74	\$ 28.75	.936	\$ 136.10	\$ 26.92
PRESCRIPTION DRUGS	17,989	40,565	2,365,805.46	58.32	.440	131.51	25.68
SNF/ICF	129	428	38,739.27	90.51	.005	300.30	.42
OUTPATIENTS	17,880	40,137	2,327,066.19	57.98	.436	130.15	25.26
MEDICAL SUPPLIES	783	45,704	114,256.28	2.50	.496	145.92	1.24
@DENTIST	34,588	230,268	\$ 5,921,866.80	\$ 25.72	2.499	\$ 171.21	\$ 64.27
VISITS - DIAGNOSTIC	25,440	161,050	1,767,007.37	10.97	1.748	69.46	19.18
ORAL SURGERY	5,469	11,462	626,351.45	54.65	.124	114.53	6.80
DRUGS	1,815	2,186	45,922.00	21.01	.024	25.30	.50
ANESTHESIA	417	421	39,575.00	94.00	.005	94.90	.43
PERIODONTICS	656	690	95,807.00	138.85	.007	146.05	1.04
ENDODONTICS	3,542	6,676	693,412.35	103.87	.072	195.77	7.53
RESTORATIVE DENTISTRY	13,285	42,515	2,295,972.00	54.00	.461	172.82	24.92
PROSTHETICS	56	61	1,380.00	22.62	.001	24.64	.01
DENTURES, STAYPLATES	307	1,167	106,659.68	91.40	.013	347.43	1.16
SPACE MAINTAINERS	691	905	97,581.37	107.82	.010	141.22	1.06
MAXILLOFACIAL SERVICES	60	64	4,318.46	67.48	.001	71.97	.05
FRACTURES, DISLOCATIONS	2	2	60.00	30.00	.000	30.00	.00
ORTHODONTIC SERVICES	1,513	1,869	142,176.12	76.07	.020	93.97	1.54
ALL OTHER SERVICES	792	1,200	5,644.00	4.70	.013	7.13	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
KERN COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

						----- MONTHLY AVERAGE -----			
92,136 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,270	3,220	\$	76,038.11	\$ 23.61	.035	\$ 59.87	\$	.83
DIAGNOSTIC AND ANC. PROCED	949	958		43,584.42	45.50	.010	45.93		.47
EYE APPLIANCES	731	2,207		30,094.50	13.64	.024	41.17		.33
OTHER OPTOMETRIC SERVICES	53	55		2,359.19	42.89	.001	44.51		.03
@CHIROPRACTOR	737	1,080	\$	17,907.12	\$ 16.58	.012	\$ 24.30	\$	.19
VISITS	737	1,080		17,907.12	16.58	.012	24.30		.19
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	52	93	\$	3,449.94	\$ 37.10	.001	\$ 66.35	\$	.04
MEDICINE/INJECTIONS	46	59		2,108.71	35.74	.001	45.84		.02
SURGERY/ANES.	7	12		465.16	38.76	.000	66.45		.01
RADIO./PATHOLOGY	6	11		190.30	17.30	.000	31.72		.00
OTHER	5	11		685.77	62.34	.000	137.15		.01

@HOME HEALTH AGENCY	99	403	\$	24,365.79	\$	60.46	.004	\$	246.12	\$	.26
NURSE ANESTHESIST	101	476	\$	10,678.75	\$	22.43	.005	\$	105.73	\$	.12
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	5	7	\$	173.49	\$	24.78	.000	\$	34.70	\$	.00
@TOTAL HOSPITAL	9,619	34,932	\$	8,468,323.51	\$	242.42	.379	\$	880.37	\$	91.91
HOSP INPATIENT TOTAL	890	5,343		7,584,897.66		1419.60	.058		8522.36		82.32
HSC HOSPITALS	674	4,474		6,480,118.32		1448.39	.049		9614.42		70.33
NON-HSC HOSPITAL TOTAL	220	869		1,104,779.34		1271.32	.009		5021.72		11.99
ACCOMMODATIONS	220	869		329,145.30		378.76	.009		1496.12		3.57
ADMINISTRATIVE DAYS	1	1		230.29		230.29	.000		230.29		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	219	868		328,915.01		378.93	.009		1501.90		3.57
ANCILLARIES	220	0		775,634.04		.00	.000		3525.61		8.42
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9,004	29,589		883,425.85		29.86	.321		98.11		9.59
MEDICAL	2,291	3,135		126,051.95		40.21	.034		55.02		1.37
SURGERY	556	628		63,932.00		101.80	.007		114.99		.69
PATHOLOGY	2,973	10,453		121,605.93		11.63	.113		40.90		1.32
RADIOLOGY	2,037	2,847		173,647.77		60.99	.031		85.25		1.88
ROOM USE	5,140	6,413		263,092.24		41.02	.070		51.19		2.86
CROSSOVERS/ALL OTH OUTPTNT	3,004	6,113		135,095.96		22.10	.066		44.97		1.47
@COUNTY HOSPITAL TOTAL	3,512	10,058	\$	3,266,758.38	\$	324.79	.109	\$	930.17	\$	35.46
CO HOSPITAL INPATIENT TOTAL	353	2,246		2,982,550.99		1327.94	.024		8449.15		32.37
HSC HOSPITALS	353	2,246		2,982,550.99		1327.94	.024		8449.15		32.37
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3,268	7,812		284,207.39		36.38	.085		86.97		3.08
MEDICAL	964	1,170		45,532.63		38.92	.013		47.23		.49
SURGERY	171	206		43,760.72		212.43	.002		255.91		.47
PATHOLOGY	658	2,156		22,964.61		10.65	.023		34.90		.25
RADIOLOGY	407	542		36,398.87		67.16	.006		89.43		.40
ROOM USE	1,776	2,220		89,181.54		40.17	.024		50.21		.97
CROSSOVERS/ALL OTH OUTPTNT	948	1,518		46,369.02		30.55	.016		48.91		.50

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KERN COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

	92,136 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,318	24,874	\$	5,201,565.13	\$ 209.12	.270	\$ 823.29	\$ 56.46
COMM HOSP INPATIENT TOTAL	543	3,097		4,602,346.67	1486.07	.034	8475.78	49.95
HSC HOSPITALS	326	2,228		3,497,567.33	1569.82	.024	10728.73	37.96
NON-HSC HOSPITALS TOTAL	220	869		1,104,779.34	1271.32	.009	5021.72	11.99
ACCOMMODATIONS	220	869		329,145.30	378.76	.009	1496.12	3.57
ADMINISTRATIVE DAYS	1	1		230.29	230.29	.000	230.29	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	219	868		328,915.01	378.93	.009	1501.90	3.57
ANCILLARIES	220	0		775,634.04	.00	.000	3525.61	8.42
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,919	21,777		599,218.46	27.52	.236	101.24	6.50
MEDICAL	1,345	1,965		80,519.32	40.98	.021	59.87	.87

SURGERY	388	422		20,171.28	47.80	.005	51.99	.22
PATHOLOGY	2,333	8,297		98,641.32	11.89	.090	42.28	1.07
RADIOLOGY	1,654	2,305		137,248.90	59.54	.025	82.98	1.49
ROOM USE	3,455	4,193		173,910.70	41.48	.046	50.34	1.89
CROSSEOVERS/ALL OTH OUTPTNT	2,075	4,595		88,726.94	19.31	.050	42.76	.96
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	12	363	\$	66,337.92	\$ 182.75	.004	\$ 5528.16	\$.72

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	363	66,337.92	182.75	.004	5528.16	.72
@HEMODIALYSIS TOTAL	15	536	\$ 20,237.64	\$ 37.76	.006	\$ 1349.18	\$.22
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	536	20,237.64	37.76	.006	1349.18	.22
@REHABILITATION FACILITY	15	41	\$ 1,555.41	\$ 37.94	.000	\$ 103.69	\$.02
HOSPITAL BASED	15	41	1,555.41	37.94	.000	103.69	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,386	8,426	\$ 112,173.96	\$ 13.31	.091	\$ 47.01	\$ 1.22
PATHOLOGY	2,383	8,423	112,090.54	13.31	.091	47.04	1.22
XO AND OTHERS	3	3	83.42	27.81	.000	27.81	.00
@ORGANIZED OUTPATIENT CLINIC	29,269	43,715	\$ 3,340,052.92	\$ 76.41	.474	\$ 114.12	\$ 36.25
CLINIC	1,076	2,154	62,437.21	28.99	.023	58.03	.68
SURGICENTER	14	77	2,612.16	33.92	.001	186.58	.03
HEROIN DETOX CLINIC	3	47	565.58	12.03	.001	188.53	.01
RURAL HEALTH CLINIC	28,197	41,437	3,274,437.97	79.02	.450	116.13	35.54
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KERN COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

	92,136 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	30,140	255,752	\$ 1,697,626.56	\$ 6.64	2.776	\$ 56.32	\$ 18.43	
DURABLE MED. EQUIP.	148	457	34,499.30	75.49	.005	233.10	.37	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	641	11,517	244,088.02	21.19	.125	380.79	2.65	
AMBULANCES/AIR TRANS	634	11,410	161,485.38	14.15	.124	254.71	1.75	
OTHER TRANS	6	61	323.64	5.31	.001	53.94	.00	
OTHER SERVICES	43	46	82,279.00	1788.67	.000	1913.47	.89	
ACUPUNCTURE	4	19	332.51	17.50	.000	83.13	.00	
ADULT DAY HEALTH CARE CTR	9	76	5,272.91	69.38	.001	585.88	.06	
GENETIC DISEASE TESTING	417	417	42,827.00	102.70	.005	102.70	.46	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	4,819	10,330	97,199.59	9.41	.112	20.17	1.05	
PHYSICAL THERAPIST	3	12	230.50	19.21	.000	76.83	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	74	165	23,468.48	142.23	.002	317.14	.25	
PROSTHETICS	52	141	21,868.61	155.10	.002	420.55	.24	
ORTHOTICS	22	24	1,599.87	66.66	.000	72.72	.02	
PSYCHOLOGIST	335	1,843	121,744.96	66.06	.020	363.42	1.32	
SPEECH AND AUDIOLOGY	111	401	17,092.53	42.62	.004	153.99	.19	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	23,809	121,028	1,077,048.78	8.90	1.314	45.24	11.69	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	163	109,487	33,821.98	.31	1.188	207.50	.37	
@CALIF. CHILDREN SERVICES*	3,149	52,982	\$ 7,131,328.10	\$ 134.60	.575	\$ 2264.63	\$ 77.40	
@XOVER EXCLUDING STATE HOSP**	15	75	\$ 3,555.92	\$ 47.41	.001	\$ 237.06	\$.04	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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KERN COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - TOTAL	

----- MONTHLY AVERAGE -----

385,247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	352,545	9,033,174	\$ 176,527,372.47	\$ 19.54	23.448	\$ 500.72	\$ 458.22
@PHYSICIANS SERVICES	83,012	343,352	\$ 10,518,874.85	\$ 30.64	.891	\$ 126.72	\$ 27.30
OUTPATIENT VISITS	39,908	59,317	2,223,354.58	37.48	.154	55.71	5.77
OFFICE VISITS	29,907	42,710	1,357,758.55	31.79	.111	45.40	3.52
HOME VISITS	258	327	14,213.53	43.47	.001	55.09	.04
EMERGENCY ROOM	9,796	11,724	671,857.44	57.31	.030	68.58	1.74
PREVENTIVE CARE	198	201	7,733.25	38.47	.001	39.06	.02
OB VISITS/COMPRI PERI	700	2,225	93,901.27	42.20	.006	134.14	.24
OTHER OUTPATIENT	1,751	2,130	77,890.54	36.57	.006	44.48	.20
INPATIENT VISITS	5,403	36,759	1,907,037.72	51.88	.095	352.96	4.95
HOSPITAL VISITS	4,763	31,035	1,162,912.51	37.47	.081	244.16	3.02
CRITICAL CARE	642	4,698	706,892.78	150.47	.012	1101.08	1.83
SNF/ICF/TRANS IP CARE	412	1,026	37,232.43	36.29	.003	90.37	.10
OPHTHALMOLOGICAL SERVICES	999	1,253	55,409.33	44.22	.003	55.46	.14
EXAMINATIONS	990	1,244	55,101.89	44.29	.003	55.66	.14
SERVICES AND MATERIALS	9	9	307.44	34.16	.000	34.16	.00
INPATIENT HOSPITAL SURGERY	2,566	12,310	1,239,563.81	100.70	.032	483.07	3.22
PRINCIPAL SURGEON	1,907	2,853	982,029.79	344.21	.007	514.96	2.55
ASSISTANT SURGEON	181	208	44,501.58	213.95	.001	245.87	.12
ANESTHESIOLOGIST	794	9,249	213,032.44	23.03	.024	268.30	.55
OUTPATIENT SURGERY	4,198	10,374	826,300.21	79.65	.027	196.83	2.14
PRINCIPAL SURGEON	3,481	4,358	694,288.28	159.31	.011	199.45	1.80
ASSISTANT SURGEON	30	31	3,588.02	115.74	.000	119.60	.01
ANESTHESIOLOGIST	885	5,985	128,423.91	21.46	.016	145.11	.33
DIALYSIS	391	1,300	92,887.16	71.45	.003	237.56	.24
PATHOLOGY	8,986	31,466	252,538.85	8.03	.082	28.10	.66
RADIOLOGY	14,045	30,835	1,354,729.01	43.93	.080	96.46	3.52
PSYCHIATRY	29	58	2,134.08	36.79	.000	73.59	.01
IMMUNIZATION AND INJECTION	2,517	13,897	313,822.01	22.58	.036	124.68	.81
OTHER SERVICES/ALL X-OVERS	38,271	145,783	2,251,098.09	15.44	.378	58.82	5.84
@PHARMACY	205,479	2,857,458	\$ 75,204,586.86	\$ 26.32	7.417	\$ 366.00	\$ 195.21
PRESCRIPTION DRUGS	202,267	884,936	71,660,225.93	80.98	2.297	354.29	186.01
SNF/ICF	5,031	32,312	2,465,619.27	76.31	.084	490.09	6.40
OUTPATIENTS	198,207	852,624	69,194,606.66	81.15	2.213	349.10	179.61
MEDICAL SUPPLIES	23,041	1,972,522	3,544,360.93	1.80	5.120	153.83	9.20
@DENTIST	54,450	333,611	\$ 9,975,505.90	\$ 29.90	.866	\$ 183.20	\$ 25.89
VISITS - DIAGNOSTIC	38,324	226,011	2,416,172.01	10.69	.587	63.05	6.27
ORAL SURGERY	8,815	21,662	1,187,793.66	54.83	.056	134.75	3.08
DRUGS	2,231	2,997	57,853.25	19.30	.008	25.93	.15
ANESTHESIA	843	857	79,500.00	92.77	.002	94.31	.21
PERIODONTICS	2,297	2,568	361,191.25	140.65	.007	157.24	.94
ENDODONTICS	4,836	8,649	1,066,566.60	123.32	.022	220.55	2.77
RESTORATIVE DENTISTRY	18,733	57,042	3,462,070.25	60.69	.148	184.81	8.99
PROSTHETICS	191	207	5,740.00	27.73	.001	30.05	.01
DENTURES, STAYPLATES	2,827	8,575	1,051,101.99	122.58	.022	371.81	2.73
SPACE MAINTAINERS	733	963	104,194.37	108.20	.002	142.15	.27
MAXILLOFACIAL SERVICES	94	100	10,767.66	107.68	.000	114.55	.03
FRACTURES, DISLOCATIONS	2	2	200.00	100.00	.000	100.00	.00
ORTHODONTIC SERVICES	1,743	2,167	166,088.86	76.64	.006	95.29	.43
ALL OTHER SERVICES	1,229	1,811	6,266.00	3.46	.005	5.10	.02
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385,247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7,070	18,188	\$ 423,872.62	\$ 23.31	.047	\$ 59.95	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	4,058	4,116	189,024.69	45.92	.011	46.58	.49

EYE APPLIANCES	4,449	12,941		208,094.79		16.08	.034	46.77	.54
OTHER OPTOMETRIC SERVICES	874	1,131		26,753.14		23.65	.003	30.61	.07
@CHIROPRACTOR	1,584	2,396	\$	38,816.29	\$	16.20	.006	24.51	.10
VISITS	1,513	2,277		37,787.20		16.60	.006	24.98	.10
OTHER SERVICES	71	119		1,029.09		8.65	.000	14.49	.00
@PODIATRIST	2,918	5,711	\$	83,193.60	\$	14.57	.015	28.51	.22
MEDICINE/INJECTIONS	1,053	1,219		33,873.65		27.79	.003	32.17	.09
SURGERY/ANES.	55	67		3,757.74		56.09	.000	68.32	.01
RADIO./PATHOLOGY	77	114		2,050.88		17.99	.000	26.63	.01
OTHER	1,893	4,311		43,511.33		10.09	.011	22.99	.11
@HOME HEALTH AGENCY	1,193	45,129	\$	1,588,289.29	\$	35.19	.117	1331.34	4.12
NURSE ANESTHESIST	220	1,414	\$	22,568.91	\$	15.96	.004	102.59	.06
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	8	10	\$	237.81	\$	23.78	.000	29.73	.00
@TOTAL HOSPITAL	43,773	241,651	\$	40,844,253.45	\$	169.02	.627	933.09	106.02
HOSP INPATIENT TOTAL	6,053	38,208		35,377,696.22		925.92	.099	5844.65	91.83
HSC HOSPITALS	3,431	22,349		26,790,556.36		1198.74	.058	7808.38	69.54
NON-HSC HOSPITAL TOTAL	876	4,962		7,002,193.95		1411.16	.013	7993.37	18.18
ACCOMMODATIONS	874	4,962		1,593,770.77		321.20	.013	1823.54	4.14
ADMINISTRATIVE DAYS	50	356		79,396.04		223.02	.001	1587.92	.21
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	830	4,606		1,514,374.73		328.78	.012	1824.55	3.93
ANCILLARIES	867	0		5,408,423.18		.00	.000	6238.09	14.04
INPATIENT CROSSOVERS	1,824	10,897		1,583,673.85		145.33	.028	868.24	4.11
ALL OTHER INPATIENT	2	0		1,272.06		.00	.000	636.03	.00
HOSP OUTPATIENT TOTAL	39,615	203,443		5,466,557.23		26.87	.528	137.99	14.19
MEDICAL	11,230	17,877		681,080.75		38.10	.046	60.65	1.77
SURGERY	2,781	3,425		306,877.04		89.60	.009	110.35	.80
PATHOLOGY	14,990	70,840		855,749.08		12.08	.184	57.09	2.22
RADIOLOGY	9,083	13,681		1,021,674.34		74.68	.036	112.48	2.65
ROOM USE	19,721	29,548		1,214,424.10		41.10	.077	61.58	3.15
CROSSOVERS/ALL OTH OUTPTNT	16,367	68,072		1,386,751.92		20.37	.177	84.73	3.60
@COUNTY HOSPITAL TOTAL	16,964	70,448	\$	9,905,020.09	\$	140.60	.183	583.88	25.71
CO HOSPITAL INPATIENT TOTAL	1,214	7,044		7,872,266.85		1117.58	.018	6484.57	20.43
HSC HOSPITALS	1,105	5,810		7,704,798.25		1326.13	.015	6972.67	20.00
NON-HSC HOSPITALS TOTAL	6	142		39,713.14		279.67	.000	6618.86	.10
ACCOMMODATIONS	6	142		30,126.83		212.16	.000	5021.14	.08
ADMINISTRATIVE DAYS	5	140		29,664.23		211.89	.000	5932.85	.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	2		462.60		231.30	.000	462.60	.00
ANCILLARIES	6	0		9,586.31		.00	.000	1597.72	.02
INPATIENT CROSSOVERS	106	1,092		127,755.46		116.99	.003	1205.24	.33
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16,280	63,404		2,032,753.24		32.06	.165	124.86	5.28
MEDICAL	6,569	9,793		323,612.95		33.05	.025	49.26	.84
SURGERY	986	1,242		213,449.40		171.86	.003	216.48	.55
PATHOLOGY	5,082	23,861		275,129.24		11.53	.062	54.14	.71
RADIOLOGY	2,716	3,996		374,624.01		93.75	.010	137.93	.97
ROOM USE	10,016	15,617		617,435.20		39.54	.041	61.64	1.60
CROSSOVERS/ALL OTH OUTPTNT	3,960	8,895		228,502.44		25.69	.023	57.70	.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
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	385,247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28,517	171,203	\$	30,939,233.36	\$ 180.72	.444	\$ 1084.94	\$ 80.31
COMM HOSP INPATIENT TOTAL	4,888	31,164		27,505,429.37	882.60	.081	5627.13	71.40
HSC HOSPITALS	2,363	16,539		19,085,758.11	1153.99	.043	8076.92	49.54

NON-HSC HOSPITALS TOTAL	870	4,820		6,962,480.81	1444.50	.013	8002.85	18.07
ACCOMMODATIONS	868	4,820		1,563,643.94	324.41	.013	1801.43	4.06
ADMINISTRATIVE DAYS	45	216		49,731.81	230.24	.001	1105.15	.13
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	829	4,604		1,513,912.13	328.83	.012	1826.19	3.93
ANCILLARIES	861	0		5,398,836.87	.00	.000	6270.43	14.01
INPATIENT CROSSOVERS	1,719	9,805		1,455,918.39	148.49	.025	846.96	3.78
ALL OTHER INPATIENT	2	0		1,272.06	.00	.000	636.03	.00
COMM HOSP OUTPATIENT TOTAL	24,798	140,039		3,433,803.99	24.52	.364	138.47	8.91
MEDICAL	4,842	8,084		357,467.80	44.22	.021	73.83	.93
SURGERY	1,807	2,183		93,427.64	42.80	.006	51.70	.24
PATHOLOGY	10,201	46,979		580,619.84	12.36	.122	56.92	1.51
RADIOLOGY	6,529	9,685		647,050.33	66.81	.025	99.10	1.68
ROOM USE	10,335	13,931		596,988.90	42.85	.036	57.76	1.55
CROSSOVERS/ALL OTH OUTPTNT	12,594	59,177		1,158,249.48	19.57	.154	91.97	3.01
@STATE HOSPITAL	8	39	\$	32,479.89	\$ 832.82	.000	\$ 4059.99	\$.08
MENTALLY ILL	6	0		16,339.53	.00	.000	2723.26	.04
DEVELOP. DISABLED	2	39		16,140.36	413.86	.000	8070.18	.04
@NURSING FACILITY	2,316	58,774	\$	9,947,452.31	\$ 169.25	.153	\$ 4295.10	\$ 25.82
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	5	120		60,530.10	504.42	.000	12106.02	.16
LEV B-SUBACUTE HSPTL BASED	140	4,531		2,377,938.64	524.82	.012	16985.28	6.17
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,198	54,123		7,508,983.57	138.74	.140	3416.28	19.49
@INTERMEDIATE CARE FACIL.-DD	830	25,564	\$	4,211,575.34	\$ 164.75	.066	\$ 5074.19	\$ 10.93
ICF DDH	428	13,103		1,953,531.91	149.09	.034	4564.33	5.07
ICF DD	12	365		47,371.58	129.79	.001	3947.63	.12
ICF DDN/DDCN	390	12,096		2,210,671.85	182.76	.031	5668.39	5.74
@HEMODIALYSIS TOTAL	2,591	23,236	\$	2,020,377.54	\$ 86.95	.060	\$ 779.77	\$ 5.24
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2,591	23,236		2,020,377.54	86.95	.060	779.77	5.24
@REHABILITATION FACILITY	86	241	\$	9,118.77	\$ 37.84	.001	\$ 106.03	\$.02
HOSPITAL BASED	79	203		8,287.12	40.82	.001	104.90	.02
INDEPENDENT FACILITY	7	38		831.65	21.89	.000	118.81	.00
@LABORATORY FACILITY	15,850	71,583	\$	929,642.43	\$ 12.99	.186	\$ 58.65	\$ 2.41
PATHOLOGY	14,554	66,991		871,325.58	13.01	.174	59.87	2.26
XO AND OTHERS	1,344	4,592		58,316.85	12.70	.012	43.39	.15
@ORGANIZED OUTPATIENT CLINIC	55,091	90,223	\$	6,604,011.82	\$ 73.20	.234	\$ 119.87	\$ 17.14
CLINIC	4,710	9,545		269,594.32	28.24	.025	57.24	.70
SURGICENTER	1,048	3,198		175,162.70	54.77	.008	167.14	.45
HEROIN DETOX CLINIC	43	618		6,985.49	11.30	.002	162.45	.02
RURAL HEALTH CLINIC	49,566	76,862		6,152,269.31	80.04	.200	124.12	15.97

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

PAGE 4,500 01/29/04

	385,247 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	81,456		4,914,587	\$ 14,072,399.48	\$ 2.86	12.757	\$ 172.76	\$ 36.53
DURABLE MED. EQUIP.	4,209		16,403	2,401,252.97	146.39	.043	570.50	6.23
BLOOD BANK	1		4	382.50	95.63	.000	382.50	.00
HEARING AID DISPENSERS	635		864	176,708.70	204.52	.002	278.28	.46
MEDICAL TRANSPORTATION	8,122		253,479	1,664,723.65	6.57	.658	204.96	4.32
AMBULANCES/AIR TRANS	5,525		59,940	903,917.57	15.08	.156	163.60	2.35
OTHER TRANS	2,447		184,027	579,496.87	3.15	.478	236.82	1.50
OTHER SERVICES	495		9,512	181,309.21	19.06	.025	366.28	.47
ACUPUNCTURE	81		244	4,340.57	17.79	.001	53.59	.01
ADULT DAY HEALTH CARE CTR	2,183		32,270	2,233,211.17	69.20	.084	1023.00	5.80
GENETIC DISEASE TESTING	511		513	52,793.00	102.91	.001	103.31	.14

IHMC,MODEL-NF,NF,AIDS,MSSP	1,273	23,638	974,516.69	41.23	.061	765.53	2.53
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13,235	30,539	373,540.96	12.23	.079	28.22	.97
PHYSICAL THERAPIST	94	473	7,037.62	14.88	.001	74.87	.02
PORTABLE X-RAY	43	98	2,379.79	24.28	.000	55.34	.01
PROSTHETIST/ORTHOTISTS	1,474	3,719	340,792.90	91.64	.010	231.20	.88
PROSTHETICS	1,377	3,565	330,564.07	92.72	.009	240.06	.86
ORTHOTICS	102	154	10,228.83	66.42	.000	100.28	.03
PSYCHOLOGIST	460	2,186	132,692.81	60.70	.006	288.46	.34
SPEECH AND AUDIOLOGY	1,614	4,152	238,486.79	57.44	.011	147.76	.62
HOSPICE SERVICES	131	3,044	353,058.69	115.99	.008	2695.10	.92
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	34,410	579,085	3,209,373.25	5.54	1.503	93.27	8.33
EPSDT SUPPLEMENTAL SERVICE	4	1,162	28,515.69	24.54	.003	7128.92	.07
RESPIRATORY CARE PRACT.	3	7	115.31	16.47	.000	38.44	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	19,222	3,962,714		1,878,591.73		.47	10.286	97.73	4.88
@CALIF. CHILDREN SERVICES*	9,310	566,286	\$	16,828,282.35	\$	29.72	1.470	\$ 1807.55	\$ 43.68
@XOVER EXCLUDING STATE HOSP**	48,391	585,896	\$	7,277,159.16	\$	12.42	1.521	\$ 150.38	\$ 18.89

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,501
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS	AID CODES 47 69

5,996 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,717	13,700	\$ 2,041,919.06	\$ 149.05	2.285	\$ 549.35	\$ 340.55
@PHYSICIANS SERVICES	912	3,003	\$ 198,066.89	\$ 65.96	.501	\$ 217.18	\$ 33.03
OUTPATIENT VISITS	650	832	32,752.14	39.37	.139	50.39	5.46
OFFICE VISITS	435	556	19,890.74	35.77	.093	45.73	3.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	184	204	10,278.08	50.38	.034	55.86	1.71
PREVENTIVE CARE	31	30	1,052.13	35.07	.005	33.94	.18
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	29	42	1,531.19	36.46	.007	52.80	.26
INPATIENT VISITS	156	1,055	116,752.91	110.67	.176	748.42	19.47
HOSPITAL VISITS	117	357	18,653.41	52.25	.060	159.43	3.11
CRITICAL CARE	48	698	98,099.50	140.54	.116	2043.74	16.36
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	12	16	797.32	49.83	.003	66.44	.13
EXAMINATIONS	12	16	797.32	49.83	.003	66.44	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	50	253	26,297.39	103.94	.042	525.95	4.39
PRINCIPAL SURGEON	28	47	19,759.27	420.41	.008	705.69	3.30
ASSISTANT SURGEON	3	4	768.08	192.02	.001	256.03	.13
ANESTHESIOLOGIST	25	202	5,770.04	28.56	.034	230.80	.96
OUTPATIENT SURGERY	22	52	5,359.80	103.07	.009	243.63	.89
PRINCIPAL SURGEON	16	21	4,329.70	206.18	.004	270.61	.72
ASSISTANT SURGEON	1	1	235.60	235.60	.000	235.60	.04
ANESTHESIOLOGIST	5	30	794.50	26.48	.005	158.90	.13
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	35	264	1,376.75	5.21	.044	39.34	.23
RADIOLOGY	143	274	6,808.84	24.85	.046	47.61	1.14
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	14	172.28	12.31	.002	17.23	.03
OTHER SERVICES/ALL X-OVERS	118	243	7,749.46	31.89	.041	65.67	1.29
@PHARMACY	871	1,945	\$ 51,697.74	\$ 26.58	.324	\$ 59.35	\$ 8.62
PRESCRIPTION DRUGS	845	1,697	45,628.13	26.89	.283	54.00	7.61
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	845	1,697	45,628.13	26.89	.283	54.00	7.61
MEDICAL SUPPLIES	70	248	6,069.61	24.47	.041	86.71	1.01
@DENTIST	10	32	\$ 1,012.00	\$ 31.63	.005	\$ 101.20	\$.17
VISITS - DIAGNOSTIC	10	22	427.00	19.41	.004	42.70	.07
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	1	1	25.00	25.00	.000	25.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	8	560.00	70.00	.001	280.00	.09
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,502
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						
				AID CODES 47 69			
					----- MONTHLY AVERAGE -----		
5,996 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$ 94.90	\$ 47.45	.000	\$ 47.45	\$.02
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.000	47.45	.02
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$ 78.99	\$ 39.50	.000	\$ 39.50	\$.01
MEDICINE/INJECTIONS	2	2	78.99	39.50	.000	39.50	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	16	39	\$ 2,442.11	\$ 62.62	.007	\$ 152.63	\$.41
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	591	2,385	\$ 1,513,548.65	\$ 634.61	.398	\$ 2561.00	\$ 252.43
HOSP INPATIENT TOTAL	89	1,023	1,471,319.84	1438.24	.171	16531.68	245.38
HSC HOSPITALS	75	884	1,319,184.00	1492.29	.147	17589.12	220.01
NON-HSC HOSPITAL TOTAL	15	139	152,135.84	1094.50	.023	10142.39	25.37
ACCOMMODATIONS	15	139	64,136.22	461.41	.023	4275.75	10.70
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	139	64,136.22	461.41	.023	4275.75	10.70
ANCILLARIES	15	0	87,999.62	.00	.000	5866.64	14.68
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	525	1,362	42,228.81	31.01	.227	80.44	7.04
MEDICAL	181	249	10,193.42	40.94	.042	56.32	1.70
SURGERY	20	23	1,394.72	60.64	.004	69.74	.23
PATHOLOGY	109	319	3,074.65	9.64	.053	28.21	.51
RADIOLOGY	99	121	5,382.26	44.48	.020	54.37	.90
ROOM USE	359	456	17,794.33	39.02	.076	49.57	2.97
CROSSOVERS/ALL OTH OUTPTNT	112	194	4,389.43	22.63	.032	39.19	.73
@COUNTY HOSPITAL TOTAL	306	990	\$ 616,800.70	\$ 623.03	.165	\$ 2015.69	\$ 102.87
CO HOSPITAL INPATIENT TOTAL	41	446	598,725.00	1342.43	.074	14603.05	99.85
HSC HOSPITALS	41	446	598,725.00	1342.43	.074	14603.05	99.85
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	277	544	18,075.70	33.23	.091	65.26	3.01
MEDICAL	106	131	4,676.84	35.70	.022	44.12	.78
SURGERY	7	8	647.43	80.93	.001	92.49	.11
PATHOLOGY	40	106	1,111.09	10.48	.018	27.78	.19
RADIOLOGY	26	33	2,285.15	69.25	.006	87.89	.38
ROOM USE	182	224	8,543.89	38.14	.037	46.94	1.42

5,996 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	310	1,395	\$ 896,747.95	\$ 642.83	.233		\$ 2892.74	\$ 149.56
COMM HOSP INPATIENT TOTAL	51	577	872,594.84	1512.30	.096		17109.70	145.53
HSC HOSPITALS	37	438	720,459.00	1644.88	.073		19471.86	120.16
NON-HSC HOSPITALS TOTAL	15	139	152,135.84	1094.50	.023		10142.39	25.37
ACCOMMODATIONS	15	139	64,136.22	461.41	.023		4275.75	10.70
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	15	139	64,136.22	461.41	.023		4275.75	10.70
ANCILLARIES	15	0	87,999.62	.00	.000		5866.64	14.68
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	266	818	24,153.11	29.53	.136		90.80	4.03
MEDICAL	78	118	5,516.58	46.75	.020		70.73	.92
SURGERY	13	15	747.29	49.82	.003		57.48	.12
PATHOLOGY	70	213	1,963.56	9.22	.036		28.05	.33
RADIOLOGY	75	88	3,097.11	35.19	.015		41.29	.52
ROOM USE	193	232	9,250.44	39.87	.039		47.93	1.54
CROSSOVERS/ALL OTH OUTPTNT	85	152	3,578.13	23.54	.025		42.10	.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000		\$.00	\$.00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	1CR	\$ 46.62CR	\$ 46.62	.000		\$.00	\$.01CR
HOSPITAL BASED	0	1CR	46.62CR	46.62	.000		.00	.01CR
INDEPENDENT FACILITY	0	0	.00	.00	.000		.00	.00
@LABORATORY FACILITY	48	102	\$ 1,068.57	\$ 10.48	.017		\$ 22.26	\$.18
PATHOLOGY	48	102	1,068.57	10.48	.017		22.26	.18
XO AND OTHERS	0	0	.00	.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,939	2,985	\$ 215,708.23	\$ 72.26	.498		\$ 111.25	\$ 35.98
CLINIC	33	49	2,037.75	41.59	.008		61.75	.34
SURGICENTER	0	0	.00	.00	.000		.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	1,908	2,936	213,670.48	72.78	.490		111.99	35.64

5,996 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	73	3,206	\$ 58,247.60	\$ 18.17	.535		\$ 797.91	\$ 9.71

DURABLE MED. EQUIP.	14	16	1,667.49	104.22	.003	119.11	.28
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	40	1,686	53,637.99	31.81	.281	1340.95	8.95
AMBULANCES/AIR TRANS	40	1,669	30,203.58	18.10	.278	755.09	5.04
OTHER TRANS	1	4	34.41	8.60	.001	34.41	.01
OTHER SERVICES	13	13	23,400.00	1800.00	.002	1800.00	3.90
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	165.00	55.00	.001	55.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	52.40	8.73	.001	17.47	.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	5	525.58	105.12	.001	262.79	.09
PROSTHETICS	2	5	525.58	105.12	.001	262.79	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	27	213.36	7.90	.005	53.34	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	1,463	1,985.78	1.36	.244	220.64	.33
@CALIF. CHILDREN SERVICES*	234	6,266	\$ 1,444,708.22	\$ 230.56	1.045	\$ 6173.97	\$ 240.95
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,505
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	20,110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11,614	66,838	\$	6,606,735.51	\$ 98.85	3.324	\$ 568.86	\$ 328.53
@PHYSICIANS SERVICES	5,176	23,519	\$	1,358,792.40	\$ 57.77	1.170	\$ 262.52	\$ 67.57
OUTPATIENT VISITS	2,678	13,380		348,914.14	26.08	.665	130.29	17.35
OFFICE VISITS	378	476		20,132.96	42.30	.024	53.26	1.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	377	416		24,594.90	59.12	.021	65.24	1.22
PREVENTIVE CARE	5	5		228.77	45.75	.000	45.75	.01
OB VISITS/COMPRE PERI	2,081	12,475		303,762.83	24.35	.620	145.97	15.11
OTHER OUTPATIENT	8	8		194.68	24.34	.000	24.34	.01
INPATIENT VISITS	945	2,272		177,661.71	78.20	.113	188.00	8.83
HOSPITAL VISITS	879	1,584		74,142.49	46.81	.079	84.35	3.69
CRITICAL CARE	83	688		103,519.22	150.46	.034	1247.22	5.15
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,240	3,143		659,552.60	209.85	.156	531.90	32.80
PRINCIPAL SURGEON	972	992		590,610.99	595.37	.049	607.62	29.37
ASSISTANT SURGEON	80	80		14,696.59	183.71	.004	183.71	.73
ANESTHESIOLOGIST	316	2,071		54,245.02	26.19	.103	171.66	2.70
OUTPATIENT SURGERY	244	473		38,051.60	80.45	.024	155.95	1.89
PRINCIPAL SURGEON	190	254		32,154.71	126.59	.013	169.24	1.60

ASSISTANT SURGEON	4	4	693.28	173.32	.000	173.32	.03
ANESTHESIOLOGIST	68	215	5,203.61	24.20	.011	76.52	.26
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	884	2,274	30,358.70	13.35	.113	34.34	1.51
RADIOLOGY	1,186	1,561	87,079.46	55.78	.078	73.42	4.33
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	62	97	3,386.33	34.91	.005	54.62	.17
OTHER SERVICES/ALL X-OVERS	199	319	13,787.86	43.22	.016	69.29	.69
@PHARMACY	3,158	5,908	\$ 134,545.05	\$ 22.77	.294	\$ 42.60	\$ 6.69
PRESCRIPTION DRUGS	3,110	5,623	124,035.09	22.06	.280	39.88	6.17
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3,110	5,623	124,035.09	22.06	.280	39.88	6.17
MEDICAL SUPPLIES	130	285	10,509.96	36.88	.014	80.85	.52
@DENTIST	42	170	\$ 1,540.00	\$ 9.06	.008	\$ 36.67	\$.08
VISITS - DIAGNOSTIC	31	111	568.00	5.12	.006	18.32	.03
ORAL SURGERY	8	8	740.00	92.50	.000	92.50	.04

DRUGS	1	1	15.00	15.00	.000	15.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.00
PERIODONTICS	1	1	.00	.00	.000	.00	.00
ENDODONTICS	1	1	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	14	45	117.00	2.60	.002	8.36	.01
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,506
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

20,110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	23	94	\$ 6,247.75	\$ 66.47	.005	\$ 271.64	\$.31
NURSE ANESTHESIST	30	156	\$ 3,616.13	\$ 23.18	.008	\$ 120.54	\$.18
NURSE MIDWIFE	1	8	\$ 1,474.89	\$ 184.36	.000	\$ 1474.89	\$.07
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,934	17,646	\$ 4,130,603.32	\$ 234.08	.877	\$ 1049.98	\$ 205.40
HOSP INPATIENT TOTAL	1,218	3,122	3,734,555.46	1196.21	.155	3066.14	185.71
HSC HOSPITALS	1,121	2,767	3,453,904.53	1248.25	.138	3081.09	171.75
NON-HSC HOSPITAL TOTAL	100	355	280,650.93	790.57	.018	2806.51	13.96
ACCOMMODATIONS	100	355	89,149.99	251.13	.018	891.50	4.43
ADMINISTRATIVE DAYS	1	4	925.20	231.30	.000	925.20	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	99	351	88,224.79	251.35	.017	891.16	4.39
ANCILLARIES	100	0	191,500.94	.00	.000	1915.01	9.52
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,499	14,524	396,047.86	27.27	.722	113.19	19.69
MEDICAL	119	150	4,000.23	26.67	.007	33.62	.20
SURGERY	206	354	13,705.15	38.72	.018	66.53	.68
PATHOLOGY	1,307	5,020	51,551.02	10.27	.250	39.44	2.56
RADIOLOGY	338	366	26,769.63	73.14	.018	79.20	1.33
ROOM USE	1,646	2,753	140,899.55	51.18	.137	85.60	7.01
CROSSOVERS/ALL OTH OUTPTNT	2,065	5,881	159,122.28	27.06	.292	77.06	7.91
@COUNTY HOSPITAL TOTAL	2,328	11,426	\$ 2,672,037.37	\$ 233.86	.568	\$ 1147.78	\$ 132.87
CO HOSPITAL INPATIENT TOTAL	631	1,791	2,388,611.86	1333.67	.089	3785.44	118.78
HSC HOSPITALS	631	1,791	2,388,611.86	1333.67	.089	3785.44	118.78
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2,109	9,635	283,425.51	29.42	.479	134.39	14.09
MEDICAL	73	88	2,337.73	26.57	.004	32.02	.12
SURGERY	155	299	11,563.54	38.67	.015	74.60	.58
PATHOLOGY	708	2,896	28,485.72	9.84	.144	40.23	1.42
RADIOLOGY	103	106	10,718.86	101.12	.005	104.07	.53
ROOM USE	1,132	2,036	110,776.25	54.41	.101	97.86	5.51
CROSSOVERS/ALL OTH OUTPTNT	1,330	4,210	119,543.41	28.40	.209	89.88	5.94

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

PAGE 4,507 01/29/04

	20,110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,713	6,220	\$	1,458,565.95	\$ 234.50	.309	\$ 851.47	\$ 72.53
COMM HOSP INPATIENT TOTAL	595	1,331		1,345,943.60	1011.23	.066	2262.09	66.93
HSC HOSPITALS	496	976		1,065,292.67	1091.49	.049	2147.77	52.97
NON-HSC HOSPITALS TOTAL	100	355		280,650.93	790.57	.018	2806.51	13.96
ACCOMMODATIONS	100	355		89,149.99	251.13	.018	891.50	4.43
ADMINISTRATIVE DAYS	1	4		925.20	231.30	.000	925.20	.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	99	351		88,224.79	251.35	.017	891.16	4.39
ANCILLARIES	100	0		191,500.94	.00	.000	1915.01	9.52
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,475	4,889		112,622.35	23.04	.243	76.35	5.60
MEDICAL	46	62		1,662.50	26.81	.003	36.14	.08
SURGERY	51	55		2,141.61	38.94	.003	41.99	.11
PATHOLOGY	615	2,124		23,065.30	10.86	.106	37.50	1.15
RADIOLOGY	235	260		16,050.77	61.73	.013	68.30	.80
ROOM USE	557	717		30,123.30	42.01	.036	54.08	1.50
CROSSOVERS/ALL OTH OUTPTNT	749	1,671		39,578.87	23.69	.083	52.84	1.97
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	2	\$	73.95	\$ 36.98	.000	\$ 73.95	\$.00
HOSPITAL BASED	1	2		73.95	36.98	.000	73.95	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,752	5,185	\$	67,667.90	\$ 13.05	.258	\$ 38.62	\$ 3.36
PATHOLOGY	1,752	5,182		67,489.40	13.02	.258	38.52	3.36
XO AND OTHERS	3	3		178.50	59.50	.000	59.50	.01
@ORGANIZED OUTPATIENT CLINIC	3,389	8,288	\$	746,428.32	\$ 90.06	.412	\$ 220.25	\$ 37.12
CLINIC	250	950		31,470.29	33.13	.047	125.88	1.56

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,141	7,338	714,958.03	97.43	.365	227.62	35.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,508
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
20,110 ELIGIBLES							
@ALL OTHER PROVIDERS	939	5,862	\$ 155,745.80	\$ 26.57	.291	\$ 165.86	\$ 7.74
DURABLE MED. EQUIP.	24	25	2,234.61	89.38	.001	93.11	.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	115	2,305	65,089.59	28.24	.115	566.00	3.24
AMBULANCES/AIR TRANS	113	2,290	39,889.59	17.42	.114	353.01	1.98
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	15	15	25,200.00	1680.00	.001	1680.00	1.25
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	640	641	66,327.00	103.47	.032	103.64	3.30
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	22	72	3,397.43	47.19	.004	154.43	.17
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	159	319	16,720.46	52.42	.016	105.16	.83
PROSTHETICS	62	201	6,426.22	31.97	.010	103.65	.32
ORTHOTICS	116	118	10,294.24	87.24	.006	88.74	.51
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	2,500	1,976.71	.79	.124	197.67	.10
@CALIF. CHILDREN SERVICES*	70	1,486	\$ 710,643.74	\$ 478.23	.074	\$ 10152.05	\$ 35.34
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,509
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
52 ELIGIBLES							
@TOTAL, ALL PROVIDERS	70	274	\$ 35,815.35	\$ 130.71	5.269	\$ 511.65	\$ 688.76
@PHYSICIANS SERVICES	27	136	\$ 5,063.40	\$ 37.23	2.615	\$ 187.53	\$ 97.37
OUTPATIENT VISITS	14	23	955.53	41.54	.442	68.25	18.38
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	128.30	128.30	.019	128.30	2.47
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	14	22	827.23	37.60	.423	59.09	15.91
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	31	1,447.64	46.70	.596	361.91	27.84
HOSPITAL VISITS	3	28	1,247.14	44.54	.538	415.71	23.98
CRITICAL CARE	1	3	200.50	66.83	.058	200.50	3.86

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	25		941.92		37.68	.481	313.97	18.11
PRINCIPAL SURGEON	1	1		536.48		536.48	.019	536.48	10.32
ASSISTANT SURGEON	1	1		80.42		80.42	.019	80.42	1.55
ANESTHESIOLOGIST	1	23		325.02		14.13	.442	325.02	6.25
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	12	44		1,261.63		28.67	.846	105.14	24.26
RADIOLOGY	2	9		272.58		30.29	.173	136.29	5.24
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3		173.28		57.76	.058	57.76	3.33
OTHER SERVICES/ALL X-OVERS	1	1		10.82		10.82	.019	10.82	.21
@PHARMACY	11	12	\$	474.06	\$	39.51	.231	43.10	9.12
PRESCRIPTION DRUGS	9	10		465.83		46.58	.192	51.76	8.96
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	9	10		465.83		46.58	.192	51.76	8.96
MEDICAL SUPPLIES	2	2		8.23		4.12	.038	4.12	.16
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,510
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	5	\$ 113.73	\$ 22.75	.096	\$ 113.73	\$ 2.19
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	20	81	\$	27,996.04	\$	345.63	1.558	\$	1399.80	\$	538.39
HOSP INPATIENT TOTAL	1	27		26,006.00		963.19	.519		26006.00		500.12
HSC HOSPITALS	1	27		25,920.00		960.00	.519		25920.00		498.46
NON-HSC HOSPITAL TOTAL	0	0		86.00		.00	.000		.00		1.65
ACCOMMODATIONS	0	0		85.94		.00	.000		.00		1.65
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		85.94		.00	.000		.00		1.65
ANCILLARIES	0	0		.06		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	19	54		1,990.04		36.85	1.038		104.74		38.27
MEDICAL	5	7		162.94		23.28	.135		32.59		3.13
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	9	23		380.46		16.54	.442		42.27		7.32

RADIOLOGY	2	3		709.41	236.47	.058	354.71	13.64
ROOM USE	8	10		355.45	35.55	.192	44.43	6.84
CROSSOVERS/ALL OTH OUTPTNT	6	11		381.78	34.71	.212	63.63	7.34
@COUNTY HOSPITAL TOTAL	13	37	\$	1,636.00	\$ 44.22	.712	\$ 125.85	\$ 31.46
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	37		1,636.00	44.22	.712	125.85	31.46
MEDICAL	4	6		143.49	23.92	.115	35.87	2.76
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	9		128.93	14.33	.173	25.79	2.48
RADIOLOGY	1	2		658.99	329.50	.038	658.99	12.67
ROOM USE	7	9		322.81	35.87	.173	46.12	6.21
CROSSOVERS/ALL OTH OUTPTNT	6	11		381.78	34.71	.212	63.63	7.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
KERN COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM							
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52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	44	\$ 26,360.04	\$ 599.09	.846	\$ 3765.72	\$ 506.92
COMM HOSP INPATIENT TOTAL	1	27	26,006.00	963.19	.519	26006.00	500.12
HSC HOSPITALS	1	27	25,920.00	960.00	.519	25920.00	498.46
NON-HSC HOSPITALS TOTAL	0	0	86.00	.00	.000	.00	1.65
ACCOMMODATIONS	0	0	85.94	.00	.000	.00	1.65
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	85.94	.00	.000	.00	1.65
ANCILLARIES	0	0	.06	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	17	354.04	20.83	.327	59.01	6.81
MEDICAL	1	1	19.45	19.45	.019	19.45	.37
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	14	251.53	17.97	.269	62.88	4.84
RADIOLOGY	1	1	50.42	50.42	.019	50.42	.97
ROOM USE	1	1	32.64	32.64	.019	32.64	.63
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	9	16	\$	247.53	\$	15.47	.308	\$ 27.50	\$ 4.76
PATHOLOGY	9	16		247.53		15.47	.308	27.50	4.76
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	15	24	\$	1,920.59	\$	80.02	.462	\$ 128.04	\$ 36.93
CLINIC	3	7		201.04		28.72	.135	67.01	3.87
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	12	17		1,719.55		101.15	.327	143.30	33.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,512		
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04		
KERN COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76		

52 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	3	\$ 200.50	\$ 66.83	.058	\$ 200.50	\$ 3.86
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,513	
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04	
KERN COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76							

26,158 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,401	80,812	\$ 8,684,469.92	\$ 107.47	3.089	\$ 563.89	\$ 332.00
@PHYSICIANS SERVICES	6,115	26,658	\$ 1,561,922.69	\$ 58.59	1.019	\$ 255.42	\$ 59.71

OUTPATIENT VISITS	3,342	14,235		382,621.81		26.88	.544	114.49	14.63
OFFICE VISITS	813	1,032		40,023.70		38.78	.039	49.23	1.53
HOME VISITS	0	0		.00		.00	.000	.00	.00
EMERGENCY ROOM	562	621		35,001.28		56.36	.024	62.28	1.34
PREVENTIVE CARE	36	35		1,280.90		36.60	.001	35.58	.05
OB VISITS/COMPRE PERI	2,095	12,497		304,590.06		24.37	.478	145.39	11.64
OTHER OUTPATIENT	37	50		1,725.87		34.52	.002	46.65	.07
INPATIENT VISITS	1,105	3,358		295,862.26		88.11	.128	267.75	11.31
HOSPITAL VISITS	999	1,969		94,043.04		47.76	.075	94.14	3.60
CRITICAL CARE	132	1,389		201,819.22		145.30	.053	1528.93	7.72
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	12	16		797.32		49.83	.001	66.44	.03
EXAMINATIONS	12	16		797.32		49.83	.001	66.44	.03
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,293	3,421		686,791.91		200.76	.131	531.16	26.26
PRINCIPAL SURGEON	1,001	1,040		610,906.74		587.41	.040	610.30	23.35
ASSISTANT SURGEON	84	85		15,545.09		182.88	.003	185.06	.59
ANESTHESIOLOGIST	342	2,296		60,340.08		26.28	.088	176.43	2.31
OUTPATIENT SURGERY	266	525		43,411.40		82.69	.020	163.20	1.66
PRINCIPAL SURGEON	206	275		36,484.41		132.67	.011	177.11	1.39
ASSISTANT SURGEON	5	5		928.88		185.78	.000	185.78	.04
ANESTHESIOLOGIST	73	245		5,998.11		24.48	.009	82.17	.23
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	931	2,582		32,997.08		12.78	.099	35.44	1.26
RADIOLOGY	1,331	1,844		94,160.88		51.06	.070	70.74	3.60
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	75	114		3,731.89		32.74	.004	49.76	.14
OTHER SERVICES/ALL X-OVERS	318	563		21,548.14		38.27	.022	67.76	.82
@PHARMACY	4,040	7,865	\$	186,716.85	\$	23.74	.301	46.22	7.14
PRESCRIPTION DRUGS	3,964	7,330		170,129.05		23.21	.280	42.92	6.50
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	3,964	7,330		170,129.05		23.21	.280	42.92	6.50
MEDICAL SUPPLIES	202	535		16,587.80		31.01	.020	82.12	.63
@DENTIST	52	202	\$	2,552.00	\$	12.63	.008	49.08	.10
VISITS - DIAGNOSTIC	41	133		995.00		7.48	.005	24.27	.04
ORAL SURGERY	8	8		740.00		92.50	.000	92.50	.03
DRUGS	2	2		40.00		20.00	.000	20.00	.00
ANESTHESIA	1	1		100.00		100.00	.000	100.00	.00
PERIODONTICS	1	1		.00		.00	.000	.00	.00
ENDODONTICS	1	1		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	16	53		677.00		12.77	.002	42.31	.03
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2		.00		.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

PAGE 4,514 01/29/04

	26,158 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		2	2	\$ 94.90	\$ 47.45	.000	\$ 47.45	\$.00
DIAGNOSTIC AND ANC. PROCED		2	2	94.90	47.45	.000	47.45	.00
EYE APPLIANCES		0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES		0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR		0	0	.00	.00	.000	.00	.00
VISITS		0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$	78.99	\$ 39.50	.000	\$ 39.50	\$.00
MEDICINE/INJECTIONS	2	2		78.99	39.50	.000	39.50	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	39	133	\$	8,689.86	\$ 65.34	.005	\$ 222.82	\$.33
NURSE ANESTHESIST	31	161	\$	3,729.86	\$ 23.17	.006	\$ 120.32	\$.14
NURSE MIDWIFE	1	8	\$	1,474.89	\$ 184.36	.000	\$ 1474.89	\$.06
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	4,545	20,112	\$	5,672,148.01	\$ 282.03	.769	\$ 1248.00	\$ 216.84
HOSP INPATIENT TOTAL	1,308	4,172		5,231,881.30	1254.05	.159	3999.91	200.01
HSC HOSPITALS	1,197	3,678		4,799,008.53	1304.79	.141	4009.20	183.46
NON-HSC HOSPITAL TOTAL	115	494		432,872.77	876.26	.019	3764.11	16.55
ACCOMMODATIONS	115	494		153,372.15	310.47	.019	1333.67	5.86
ADMINISTRATIVE DAYS	1	4		925.20	231.30	.000	925.20	.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	114	490		152,446.95	311.12	.019	1337.25	5.83
ANCILLARIES	115	0		279,500.62	.00	.000	2430.44	10.69
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,043	15,940		440,266.71	27.62	.609	108.90	16.83
MEDICAL	305	406		14,356.59	35.36	.016	47.07	.55
SURGERY	226	377		15,099.87	40.05	.014	66.81	.58
PATHOLOGY	1,425	5,362		55,006.13	10.26	.205	38.60	2.10
RADIOLOGY	439	490		32,861.30	67.06	.019	74.85	1.26
ROOM USE	2,013	3,219		159,049.33	49.41	.123	79.01	6.08
CROSSOVERS/ALL OTH OUTPTNT	2,183	6,086		163,893.49	26.93	.233	75.08	6.27
@COUNTY HOSPITAL TOTAL	2,647	12,453	\$	3,290,474.07	\$ 264.23	.476	\$ 1243.10	\$ 125.79
CO HOSPITAL INPATIENT TOTAL	672	2,237		2,987,336.86	1335.42	.086	4445.44	114.20
HSC HOSPITALS	672	2,237		2,987,336.86	1335.42	.086	4445.44	114.20
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2,399	10,216		303,137.21	29.67	.391	126.36	11.59
MEDICAL	183	225		7,158.06	31.81	.009	39.12	.27
SURGERY	162	307		12,210.97	39.78	.012	75.38	.47
PATHOLOGY	753	3,011		29,725.74	9.87	.115	39.48	1.14
RADIOLOGY	130	141		13,663.00	96.90	.005	105.10	.52
ROOM USE	1,321	2,269		119,642.95	52.73	.087	90.57	4.57
CROSSOVERS/ALL OTH OUTPTNT	1,364	4,263		120,736.49	28.32	.163	88.52	4.62

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,515
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

						----- MONTHLY AVERAGE -----			
26,158 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,030		7,659	\$ 2,381,673.94	\$ 310.96	.293	\$ 1173.24	\$ 91.05	
COMM HOSP INPATIENT TOTAL	647		1,935	2,244,544.44	1159.97	.074	3469.16	85.81	
HSC HOSPITALS	534		1,441	1,811,671.67	1257.23	.055	3392.64	69.26	
NON-HSC HOSPITALS TOTAL	115		494	432,872.77	876.26	.019	3764.11	16.55	
ACCOMMODATIONS	115		494	153,372.15	310.47	.019	1333.67	5.86	
ADMINISTRATIVE DAYS	1		4	925.20	231.30	.000	925.20	.04	
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00	

ALL OTHER ACCOM	114	490	152,446.95	311.12	.019	1337.25	5.83
ANCILLARIES	115	0	279,500.62	.00	.000	2430.44	10.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,747	5,724	137,129.50	23.96	.219	78.49	5.24
MEDICAL	125	181	7,198.53	39.77	.007	57.59	.28
SURGERY	64	70	2,888.90	41.27	.003	45.14	.11
PATHOLOGY	689	2,351	25,280.39	10.75	.090	36.69	.97
RADIOLOGY	311	349	19,198.30	55.01	.013	61.73	.73
ROOM USE	751	950	39,406.38	41.48	.036	52.47	1.51
CROSSOVERS/ALL OTH OUTPTNT	834	1,823	43,157.00	23.67	.070	51.75	1.65
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 27.33	\$ 27.33	.000	\$ 27.33	\$.00
HOSPITAL BASED	1	1	27.33	27.33	.000	27.33	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,809	5,303	\$ 68,984.00	\$ 13.01	.203	\$ 38.13	\$ 2.64
PATHOLOGY	1,809	5,300	68,805.50	12.98	.203	38.04	2.63
XO AND OTHERS	3	3	178.50	59.50	.000	59.50	.01
@ORGANIZED OUTPATIENT CLINIC	5,343	11,297	\$ 964,057.14	\$ 85.34	.432	\$ 180.43	\$ 36.86
CLINIC	286	1,006	33,709.08	33.51	.038	117.86	1.29
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5,061	10,291	930,348.06	90.40	.393	183.83	35.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
KERN COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76						

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01/29/04

	26,158 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,012	9,068	\$	213,993.40	\$ 23.60	.347	\$ 211.46	\$ 8.18
DURABLE MED. EQUIP.	38	41		3,902.10	95.17	.002	102.69	.15
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	155	3,991		118,727.58	29.75	.153	765.98	4.54
AMBULANCES/AIR TRANS	153	3,959		70,093.17	17.70	.151	458.13	2.68
OTHER TRANS	1	4		34.41	8.60	.000	34.41	.00
OTHER SERVICES	28	28		48,600.00	1735.71	.001	1735.71	1.86
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	643	644		66,492.00	103.25	.025	103.41	2.54
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	3	6		52.40	8.73	.000	17.47	.00
PHYSICAL THERAPIST	22	72		3,397.43	47.19	.003	154.43	.13
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	161	324		17,246.04	53.23	.012	107.12	.66
PROSTHETICS	64	206		6,951.80	33.75	.008	108.62	.27
ORTHOTICS	116	118		10,294.24	87.24	.005	88.74	.39
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	27		213.36	7.90	.001	53.34	.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	19	3,963		3,962.49	1.00	.152	208.55	.15
@CALIF. CHILDREN SERVICES*	305	7,755	\$	2,155,552.46	\$ 277.96	.296	\$ 7067.39	\$ 82.41
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,517
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

	3,032 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,735	73,463	\$	1,280,732.12	\$ 17.43	24.229	\$ 468.27	\$ 422.41
@PHYSICIANS SERVICES	715	2,704	\$	35,411.83	\$ 13.10	.892	\$ 49.53	\$ 11.68
OUTPATIENT VISITS	2	2		105.85	52.93	.001	52.93	.03
OFFICE VISITS	1	1		37.50	37.50	.000	37.50	.01
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		68.35	68.35	.000	68.35	.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		54.00	27.00	.001	27.00	.02
EXAMINATIONS	2	2		54.00	27.00	.001	27.00	.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	8		41.76	5.22	.003	5.97	.01
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	709	2,692		35,210.22	13.08	.888	49.66	11.61
@PHARMACY	2,496	38,062	\$	854,689.52	\$ 22.46	12.553	\$ 342.42	\$ 281.89
PRESCRIPTION DRUGS	2,461	11,972		824,440.63	68.86	3.949	335.00	271.91
SNF/ICF	30	220		15,272.13	69.42	.073	509.07	5.04
OUTPATIENTS	2,437	11,752		809,168.50	68.85	3.876	332.03	266.88
MEDICAL SUPPLIES	328	26,090		30,248.89	1.16	8.605	92.22	9.98
@DENTIST	115	566	\$	29,403.40	\$ 51.95	.187	\$ 255.68	\$ 9.70
VISITS - DIAGNOSTIC	64	292		2,867.90	9.82	.096	44.81	.95
ORAL SURGERY	16	63		1,628.00	25.84	.021	101.75	.54
DRUGS	3	5		75.00	15.00	.002	25.00	.02
ANESTHESIA	3	3		300.00	100.00	.001	100.00	.10
PERIODONTICS	6	6		1,118.00	186.33	.002	186.33	.37
ENDODONTICS	4	9		1,980.00	220.00	.003	495.00	.65
RESTORATIVE DENTISTRY	22	47		4,400.50	93.63	.016	200.02	1.45
PROSTHETICS	2	2		30.00	15.00	.001	15.00	.01
DENTURES, STAYPLATES	42	137		17,004.00	124.12	.045	404.86	5.61
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2		.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,518
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

KERN COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

3,032 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	58	147	\$ 3,056.14	\$ 20.79	.048	\$ 52.69	\$ 1.01
DIAGNOSTIC AND ANC. PROCED	18	18	854.10	47.45	.006	47.45	.28
EYE APPLIANCES	41	114	2,002.82	17.57	.038	48.85	.66
OTHER OPTOMETRIC SERVICES	11	15	199.22	13.28	.005	18.11	.07
@CHIROPRACTOR	2	4	\$ 21.64	\$ 5.41	.001	\$ 10.82	\$.01
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	4	21.64	5.41	.001	10.82	.01
@PODIATRIST	44	77	\$ 504.16	\$ 6.55	.025	\$ 11.46	\$.17
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	44	77	504.16	6.55	.025	11.46	.17
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	194	1,247	\$ 67,920.43	\$ 54.47	.411	\$ 350.11	\$ 22.40
HOSP INPATIENT TOTAL	69	345	50,089.27	145.19	.114	725.93	16.52
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	69	345	50,089.27	145.19	.114	725.93	16.52
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	139	902	17,831.16	19.77	.297	128.28	5.88
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	139	902	17,831.16	19.77	.297	128.28	5.88
@COUNTY HOSPITAL TOTAL	12	21	\$ 322.33	\$ 15.35	.007	\$ 26.86	\$.11
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	21	322.33	15.35	.007	26.86	.11
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	12	21	322.33	15.35	.007	26.86	.11

3,032 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	182	1,226	\$ 67,598.10	\$ 55.14	.404	\$ 371.42	\$ 22.29
COMM HOSP INPATIENT TOTAL	69	345	50,089.27	145.19	.114	725.93	16.52
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	69	345	50,089.27	145.19	.114	725.93	16.52
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	127	881	17,508.83	19.87	.291	137.86	5.77
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	127	881	17,508.83	19.87	.291	137.86	5.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	41	608	\$ 123,938.59	\$ 203.85	.201	\$ 3022.89	\$ 40.88
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	49	13,057.45	266.48	.016	13057.45	4.31
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	41	559	110,881.14	198.36	.184	2704.42	36.57
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	26	29	\$ 11,312.38	\$ 390.08	.010	\$ 435.09	\$ 3.73
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	26	29	11,312.38	390.08	.010	435.09	3.73
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	41	93	\$ 648.58	\$ 6.97	.031	\$ 15.82	\$.21
PATHOLOGY	25	37	431.22	11.65	.012	17.25	.14
XO AND OTHERS	16	56	217.36	3.88	.018	13.59	.07
@ORGANIZED OUTPATIENT CLINIC	162	246	\$ 14,129.56	\$ 57.44	.081	\$ 87.22	\$ 4.66
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	25	34	4,018.62	118.19	.011	160.74	1.33
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	137	212	10,110.94	47.69	.070	73.80	3.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,520
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED						
				AID CODE 16			
3,032 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	684	29,680	\$ 139,695.89	\$ 4.71	9.789	\$ 204.23	\$ 46.07
DURABLE MED. EQUIP.	17	29	6,257.76	215.78	.010	368.10	2.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	26	44	9,678.14	219.96	.015	372.24	3.19
MEDICAL TRANSPORTATION	75	14,666	28,518.56	1.94	4.837	380.25	9.41

AMBULANCES/AIR TRANS	4	4	439.68	109.92	.001	109.92	.15
OTHER TRANS	62	14,565	27,409.79	1.88	4.804	442.09	9.04
OTHER SERVICES	10	97	669.09	6.90	.032	66.91	.22
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	6	150	10,309.74	68.73	.049	1718.29	3.40
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	107	414	38,954.12	94.09	.137	364.06	12.85
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	85	197	2,923.05	14.84	.065	34.39	.96
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	10	14	446.77	31.91	.005	44.68	.15
PROSTHETICS	10	14	446.77	31.91	.005	44.68	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	18	37	2,676.87	72.35	.012	148.72	.88

HOSPICE SERVICES	2	57	6,362.28	111.62	.019	3181.14	2.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	447	14,072	33,568.60	2.39	4.641	75.10	11.07
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,203	11,109	\$ 189,555.59	\$ 17.06	3.664	\$ 157.57	\$ 62.52

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,521
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	41	518	\$ 27,387.35	\$ 52.87	11.021	\$ 667.98	\$ 582.71
@PHYSICIANS SERVICES	12	74	\$ 743.45	\$ 10.05	1.574	\$ 61.95	\$ 15.82
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	74	743.45	10.05	1.574	61.95	15.82
@PHARMACY	41	264	\$ 19,217.21	\$ 72.79	5.617	\$ 468.71	\$ 408.88
PRESCRIPTION DRUGS	41	240	18,357.27	76.49	5.106	447.74	390.58
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	41	240	18,357.27	76.49	5.106	447.74	390.58
MEDICAL SUPPLIES	9	24	859.94	35.83	.511	95.55	18.30
@DENTIST	1	2	\$ 30.00	\$ 15.00	.043	\$ 30.00	\$.64
VISITS - DIAGNOSTIC	1	2	30.00	15.00	.043	30.00	.64
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,522
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	8	\$ 56.35	\$ 7.04	.170	\$ 14.09	\$ 1.20
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	8	56.35	7.04	.170	14.09	1.20
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	6	\$ 11.24	\$ 1.87	.128	\$ 11.24	\$.24
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	6	11.24	1.87	.128	11.24	.24
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	6	11.24	1.87	.128	11.24	.24
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,523
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A						
					----- MONTHLY AVERAGE -----		
47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	6	\$ 11.24	\$ 1.87	.128	\$ 11.24	\$.24
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	6	11.24	1.87	.128	11.24	.24
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	6	11.24	1.87	.128	11.24	.24
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	5	\$ 47.67	\$ 9.53	.106	\$ 47.67	\$ 1.01
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	5	47.67	9.53	.106	47.67	1.01
@ORGANIZED OUTPATIENT CLINIC	1	6	\$ 450.84	\$ 75.14	.128	\$ 450.84	\$ 9.59
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	6	450.84	75.14	.128	450.84	9.59
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,524

47 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	153	\$ 6,830.59	\$ 44.64	3.255	\$ 325.27	\$ 145.33
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	3	1,230.52	410.17	.064	1230.52	26.18
MEDICAL TRANSPORTATION	2	31	118.56	3.82	.660	59.28	2.52
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	2	31	118.56	3.82	.660	59.28	2.52
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	8	51	4,176.59	81.89	1.085	522.07	88.86
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	78.86	39.43	.043	78.86	1.68
PROSTHETICS	1	2	78.86	39.43	.043	78.86	1.68
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	68.72	34.36	.043	34.36	1.46
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	18	64	1,157.34	18.08	1.362	64.30	24.62
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	28	171	\$ 2,513.19	\$ 14.70	3.638	\$ 89.76	\$ 53.47

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
KERN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6CPAGE 4,525
01/29/04

1,963 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,746	29,628	\$ 885,298.99	\$ 29.88	15.093	\$ 507.04	\$ 450.99
@PHYSICIANS SERVICES	372	1,090	\$ 15,663.20	\$ 14.37	.555	\$ 42.11	\$ 7.98
OUTPATIENT VISITS	7	9	437.31	48.59	.005	62.47	.22
OFFICE VISITS	4	5	191.90	38.38	.003	47.98	.10
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	245.41	61.35	.002	61.35	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	7	277.45	39.64	.004	55.49	.14
HOSPITAL VISITS	5	7	277.45	39.64	.004	55.49	.14
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	1	3	1,206.63	402.21	.002	1206.63	.61
PRINCIPAL SURGEON	1	3	1,206.63	402.21	.002	1206.63	.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	1	939.60	939.60	.001	313.20	.48
PRINCIPAL SURGEON	3	5	1,058.97	211.79	.003	352.99	.54
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	4CR	119.37CR	29.84	.002CR	.00	.06CR
DIALYSIS	0	1CR	225.04CR	225.04	.001CR	.00	.11CR
PATHOLOGY	2	2	56.28	28.14	.001	28.14	.03
RADIOLOGY	8	22	716.28	32.56	.011	89.54	.36
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	356	1,047	12,254.69	11.70	.533	34.42	6.24
@PHARMACY	1,594	21,937	\$ 729,210.79	\$ 33.24	11.175	\$ 457.47	\$ 371.48
PRESCRIPTION DRUGS	1,568	7,914	700,794.62	88.55	4.032	446.94	357.00

SNF/ICF	19	145	14,558.99	100.41	.074	766.26	7.42
OUTPATIENTS	1,564	7,769	686,235.63	88.33	3.958	438.77	349.59
MEDICAL SUPPLIES	282	14,023	28,416.17	2.03	7.144	100.77	14.48
@DENTIST	152	677	\$ 30,832.00	\$ 45.54	.345	\$ 202.84	\$ 15.71
VISITS - DIAGNOSTIC	85	404	3,900.00	9.65	.206	45.88	1.99
ORAL SURGERY	19	59	3,618.75	61.33	.030	190.46	1.84
DRUGS	2	6	30.00	5.00	.003	15.00	.02
ANESTHESIA	6	6	600.00	100.00	.003	100.00	.31
PERIODONTICS	12	12	1,809.00	150.75	.006	150.75	.92
ENDODONTICS	10	11	1,796.00	163.27	.006	179.60	.91
RESTORATIVE DENTISTRY	39	104	9,005.00	86.59	.053	230.90	4.59
PROSTHETICS	3	5	90.00	18.00	.003	30.00	.05
DENTURES, STAYPLATES	26	65	9,983.25	153.59	.033	383.97	5.09
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	5	.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PAGE 4,526 01/29/04

1,963 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	40	114	\$ 2,486.46	\$ 21.81	.058	\$ 62.16	\$ 1.27
DIAGNOSTIC AND ANC. PROCED	20	20	949.00	47.45	.010	47.45	.48
EYE APPLIANCES	27	84	1,360.76	16.20	.043	50.40	.69
OTHER OPTOMETRIC SERVICES	7	10	176.70	17.67	.005	25.24	.09
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	25	77	\$ 823.01	\$ 10.69	.039	\$ 32.92	\$.42
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	25	77	823.01	10.69	.039	32.92	.42
@HOME HEALTH AGENCY	2	12	\$ 898.32	\$ 74.86	.006	\$ 449.16	\$.46
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	111	664	\$ 56,423.77	\$ 84.98	.338	\$ 508.32	\$ 28.74
HOSP INPATIENT TOTAL	24	117	43,701.77	373.52	.060	1820.91	22.26
HSC HOSPITALS	3	20	27,000.00	1350.00	.010	9000.00	13.75
NON-HSC HOSPITAL TOTAL	1	1	1,530.00	1530.00	.001	1530.00	.78
ACCOMMODATIONS	1	1	430.00	430.00	.001	430.00	.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	430.00	430.00	.001	430.00	.22
ANCILLARIES	1	0	1,100.00	.00	.000	1100.00	.56
INPATIENT CROSSOVERS	20	96	15,171.77	158.04	.049	758.59	7.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	97	547	12,722.00	23.26	.279	131.15	6.48
MEDICAL	8	12	299.67	24.97	.006	37.46	.15
SURGERY	3	3	341.56	113.85	.002	113.85	.17
PATHOLOGY	12	76	787.34	10.36	.039	65.61	.40
RADIOLOGY	6	8	739.95	92.49	.004	123.33	.38
ROOM USE	15	19	1,012.32	53.28	.010	67.49	.52
CROSSOVERS/ALL OTH OUTPTNT	78	429	9,541.16	22.24	.219	122.32	4.86
@COUNTY HOSPITAL TOTAL	35	122	\$ 31,007.42	\$ 254.16	.062	\$ 885.93	\$ 15.80

CO HOSPITAL INPATIENT TOTAL	5	23	27,403.53	1191.46	.012	5480.71	13.96
HSC HOSPITALS	3	20	27,000.00	1350.00	.010	9000.00	13.75
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	3	403.53	134.51	.002	201.77	.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	33	99	3,603.89	36.40	.050	109.21	1.84
MEDICAL	8	12	299.67	24.97	.006	37.46	.15
SURGERY	3	3	341.56	113.85	.002	113.85	.17
PATHOLOGY	7	27	285.09	10.56	.014	40.73	.15
RADIOLOGY	4	5	392.79	78.56	.003	98.20	.20
ROOM USE	15	19	1,012.32	53.28	.010	67.49	.52
CROSSOVERS/ALL OTH OUTPTNT	15	33	1,272.46	38.56	.017	84.83	.65

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,527
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1,963 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	81	542	\$ 25,416.35	\$ 46.89	.276	\$ 313.78	\$ 12.95
COMM HOSP INPATIENT TOTAL	19	94	16,298.24	173.39	.048	857.80	8.30
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	1,530.00	1530.00	.001	1530.00	.78
ACCOMMODATIONS	1	1	430.00	430.00	.001	430.00	.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	430.00	430.00	.001	430.00	.22
ANCILLARIES	1	0	1,100.00	.00	.000	1100.00	.56
INPATIENT CROSSOVERS	18	93	14,768.24	158.80	.047	820.46	7.52
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	69	448	9,118.11	20.35	.228	132.15	4.64
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	49	502.25	10.25	.025	100.45	.26
RADIOLOGY	2	3	347.16	115.72	.002	173.58	.18
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	63	396	8,268.70	20.88	.202	131.25	4.21
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	35	\$ 3,980.11	\$ 113.72	.018	\$ 1990.06	\$ 2.03
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	35	3,980.11	113.72	.018	1990.06	2.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	20	\$ 5,927.40	\$ 296.37	.010	\$ 395.16	\$ 3.02
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	20	5,927.40	296.37	.010	395.16	3.02
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	53	95	\$	1,131.74	\$	11.91	.048	\$	21.35
PATHOLOGY	38	68		803.30		11.81	.035		21.14
XO AND OTHERS	15	27		328.44		12.16	.014		21.90
@ORGANIZED OUTPATIENT CLINIC	81	141	\$	5,298.64	\$	37.58	.072	\$	65.42
CLINIC	1	3		19.46		6.49	.002		19.46
SURGICENTER	9	12		1,362.94		113.58	.006		151.44
HEROIN DETOX CLINIC	2	28		351.90		12.57	.014		175.95
RURAL HEALTH CLINIC	70	98		3,564.34		36.37	.050		50.92

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,528
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1,963 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	330	4,766	\$ 32,623.55	\$ 6.85	2.428	\$ 98.86	\$ 16.62
DURABLE MED. EQUIP.	14	28	3,907.36	139.55	.014	279.10	1.99
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	12	1,446.72	120.56	.006	180.84	.74
MEDICAL TRANSPORTATION	32	845	4,455.04	5.27	.430	139.22	2.27
AMBULANCES/AIR TRANS	6	6	654.00	109.00	.003	109.00	.33
OTHER TRANS	21	754	3,542.09	4.70	.384	168.67	1.80
OTHER SERVICES	5	85	258.95	3.05	.043	51.79	.13
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	1	72.00	72.00	.001	72.00	.04
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	56	135	1,754.35	13.00	.069	31.33	.89
PHYSICAL THERAPIST	1	1	34.84	34.84	.001	34.84	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	15	31	940.52	30.34	.016	62.70	.48
PROSTHETICS	14	27	924.74	34.25	.014	66.05	.47
ORTHOTICS	1	4	15.78	3.95	.002	15.78	.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	123.10	41.03	.002	123.10	.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	224	3,710	19,889.62	5.36	1.890	88.79	10.13
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	639	5,381	\$ 67,571.15	\$ 12.56	2.741	\$ 105.75	\$ 34.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,529
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	.00	.00	.000	.00	.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 4,530 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
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KERN COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

5,042 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	4,522	103,609	\$ 2,193,418.46	\$ 21.17	20.549	\$ 485.05	\$ 435.03
@PHYSICIANS SERVICES	1,099	3,868	\$ 51,818.48	\$ 13.40	.767	\$ 47.15	\$ 10.28
OUTPATIENT VISITS	9	11	543.16	49.38	.002	60.35	.11
OFFICE VISITS	5	6	229.40	38.23	.001	45.88	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	313.76	62.75	.001	62.75	.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	7	277.45	39.64	.001	55.49	.06
HOSPITAL VISITS	5	7	277.45	39.64	.001	55.49	.06
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	54.00	27.00	.000	27.00	.01
EXAMINATIONS	2	2	54.00	27.00	.000	27.00	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	3	1,206.63	402.21	.001	1206.63	.24
PRINCIPAL SURGEON	1	3	1,206.63	402.21	.001	1206.63	.24
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	1	939.60	939.60	.000	313.20	.19
PRINCIPAL SURGEON	3	5	1,058.97	211.79	.001	352.99	.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	4CR	119.37CR	29.84	.001CR	.00	.02CR
DIALYSIS	0	1CR	225.04CR	225.04	.000	.00	.04CR
PATHOLOGY	9	10	98.04	9.80	.002	10.89	.02
RADIOLOGY	8	22	716.28	32.56	.004	89.54	.14
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,077	3,813	48,208.36	12.64	.756	44.76	9.56
@PHARMACY	4,131	60,263	\$ 1,603,117.52	\$ 26.60	11.952	\$ 388.07	\$ 317.95
PRESCRIPTION DRUGS	4,070	20,126	1,543,592.52	76.70	3.992	379.26	306.15
SNF/ICF	49	365	29,831.12	81.73	.072	608.80	5.92
OUTPATIENTS	4,042	19,761	1,513,761.40	76.60	3.919	374.51	300.23
MEDICAL SUPPLIES	619	40,137	59,525.00	1.48	7.961	96.16	11.81
@DENTIST	268	1,245	\$ 60,265.40	\$ 48.41	.247	\$ 224.87	\$ 11.95
VISITS - DIAGNOSTIC	150	698	6,797.90	9.74	.138	45.32	1.35
ORAL SURGERY	35	122	5,246.75	43.01	.024	149.91	1.04
DRUGS	5	11	105.00	9.55	.002	21.00	.02
ANESTHESIA	9	9	900.00	100.00	.002	100.00	.18
PERIODONTICS	18	18	2,927.00	162.61	.004	162.61	.58
ENDODONTICS	14	20	3,776.00	188.80	.004	269.71	.75
RESTORATIVE DENTISTRY	61	151	13,405.50	88.78	.030	219.76	2.66
PROSTHETICS	5	7	120.00	17.14	.001	24.00	.02
DENTURES, STAYPLATES	68	202	26,987.25	133.60	.040	396.87	5.35
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	5	7	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

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5,042 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS COST PER
PER ELIG USER

COST PER
ELIGIBLE

@OPTOMETRIST	98	261	\$	5,542.60	\$	21.24	.052	\$	56.56	\$	1.10
DIAGNOSTIC AND ANC. PROCED	38	38		1,803.10		47.45	.008		47.45		.36
EYE APPLIANCES	68	198		3,363.58		16.99	.039		49.46		.67
OTHER OPTOMETRIC SERVICES	18	25		375.92		15.04	.005		20.88		.07
@CHIROPRACTOR	2	4	\$	21.64	\$	5.41	.001	\$	10.82	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	2	4		21.64		5.41	.001		10.82		.00
@PODIATRIST	73	162	\$	1,383.52	\$	8.54	.032	\$	18.95	\$	.27
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	73	162		1,383.52		8.54	.032		18.95		.27
@HOME HEALTH AGENCY	2	12	\$	898.32	\$	74.86	.002	\$	449.16	\$	.18
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	306	1,917	\$	124,355.44	\$	64.87	.380	\$	406.39	\$	24.66
HOSP INPATIENT TOTAL	93	462		93,791.04		203.01	.092		1008.51		18.60
HSC HOSPITALS	3	20		27,000.00		1350.00	.004		9000.00		5.36
NON-HSC HOSPITAL TOTAL	1	1		1,530.00		1530.00	.000		1530.00		.30
ACCOMMODATIONS	1	1		430.00		430.00	.000		430.00		.09
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		430.00		430.00	.000		430.00		.09
ANCILLARIES	1	0		1,100.00		.00	.000		1100.00		.22
INPATIENT CROSSOVERS	89	441		65,261.04		147.98	.087		733.27		12.94
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	237	1,455		30,564.40		21.01	.289		128.96		6.06
MEDICAL	8	12		299.67		24.97	.002		37.46		.06
SURGERY	3	3		341.56		113.85	.001		113.85		.07
PATHOLOGY	12	76		787.34		10.36	.015		65.61		.16
RADIOLOGY	6	8		739.95		92.49	.002		123.33		.15
ROOM USE	15	19		1,012.32		53.28	.004		67.49		.20
CROSSOVERS/ALL OTH OUTPTNT	218	1,337		27,383.56		20.48	.265		125.61		5.43
@COUNTY HOSPITAL TOTAL	47	143	\$	31,329.75	\$	219.09	.028	\$	666.59	\$	6.21
CO HOSPITAL INPATIENT TOTAL	5	23		27,403.53		1191.46	.005		5480.71		5.44
HSC HOSPITALS	3	20		27,000.00		1350.00	.004		9000.00		5.36
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	3		403.53		134.51	.001		201.77		.08
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	45	120		3,926.22		32.72	.024		87.25		.78
MEDICAL	8	12		299.67		24.97	.002		37.46		.06
SURGERY	3	3		341.56		113.85	.001		113.85		.07
PATHOLOGY	7	27		285.09		10.56	.005		40.73		.06
RADIOLOGY	4	5		392.79		78.56	.001		98.20		.08
ROOM USE	15	19		1,012.32		53.28	.004		67.49		.20
CROSSOVERS/ALL OTH OUTPTNT	27	54		1,594.79		29.53	.011		59.07		.32

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KERN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
5,042 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	264	1,774	\$ 93,025.69	\$ 52.44	.352	\$ 352.37	\$ 18.45

----- MONTHLY AVERAGE -----

COMM HOSP INPATIENT TOTAL	88	439	66,387.51	151.22	.087	754.40	13.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	1,530.00	1530.00	.000	1530.00	.30
ACCOMMODATIONS	1	1	430.00	430.00	.000	430.00	.09
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	430.00	430.00	.000	430.00	.09
ANCILLARIES	1	0	1,100.00	.00	.000	1100.00	.22
INPATIENT CROSSOVERS	87	438	64,857.51	148.08	.087	745.49	12.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	197	1,335	26,638.18	19.95	.265	135.22	5.28
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	49	502.25	10.25	.010	100.45	.10
RADIOLOGY	2	3	347.16	115.72	.001	173.58	.07
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	191	1,283		25,788.77		20.10	.254	135.02	5.11
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	43	643	\$	127,918.70	\$	198.94	.128	\$ 2974.85	\$ 25.37
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	1	49		13,057.45		266.48	.010	13057.45	2.59
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	43	594		114,861.25		193.37	.118	2671.19	22.78
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	41	49	\$	17,239.78	\$	351.83	.010	\$ 420.48	\$ 3.42
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	41	49		17,239.78		351.83	.010	420.48	3.42
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	95	193	\$	1,827.99	\$	9.47	.038	\$ 19.24	\$.36
PATHOLOGY	63	105		1,234.52		11.76	.021	19.60	.24
XO AND OTHERS	32	88		593.47		6.74	.017	18.55	.12
@ORGANIZED OUTPATIENT CLINIC	244	393	\$	19,879.04	\$	50.58	.078	\$ 81.47	\$ 3.94
CLINIC	1	3		19.46		6.49	.001	19.46	.00
SURGICENTER	35	52		5,832.40		112.16	.010	166.64	1.16
HEROIN DETOX CLINIC	2	28		351.90		12.57	.006	175.95	.07
RURAL HEALTH CLINIC	207	310		13,675.28		44.11	.061	66.06	2.71

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,536
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

5,042 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,035	34,599	\$ 179,150.03	\$ 5.18	6.862	\$ 173.09	\$ 35.53
DURABLE MED. EQUIP.	31	57	10,165.12	178.34	.011	327.91	2.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	35	59	12,355.38	209.41	.012	353.01	2.45
MEDICAL TRANSPORTATION	109	15,542	33,092.16	2.13	3.083	303.60	6.56
AMBULANCES/AIR TRANS	10	10	1,093.68	109.37	.002	109.37	.22
OTHER TRANS	85	15,350	31,070.44	2.02	3.044	365.53	6.16
OTHER SERVICES	15	182	928.04	5.10	.036	61.87	.18
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	7	151	10,381.74	68.75	.030	1483.11	2.06
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	115	465	43,130.71	92.75	.092	375.05	8.55
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	141	332	4,677.40	14.09	.066	33.17	.93
PHYSICAL THERAPIST	1	1	34.84	34.84	.000	34.84	.01
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	26	47	1,466.15	31.19	.009	56.39	.29
PROSTHETICS	25	43	1,450.37	33.73	.009	58.01	.29
ORTHOTICS	1	4	15.78	3.95	.001	15.78	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	21	42	2,868.69	68.30	.008	136.60	.57
HOSPICE SERVICES	2	57	6,362.28	111.62	.011	3181.14	1.26
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	689	17,846	54,615.56	3.06	3.539	79.27	10.83
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,870	16,661	\$ 259,639.93	\$ 15.58	3.304	\$ 138.84	\$ 51.50

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,537
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

3,504 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,780	269,787	\$ 2,198,115.20	\$ 8.15	76.994	\$ 790.69	\$ 627.32
@PHYSICIANS SERVICES	631	13,860	\$ 34,210.48	\$ 2.47	3.955	\$ 54.22	\$ 9.76
OUTPATIENT VISITS	2	2	85.05	42.53	.001	42.53	.02
OFFICE VISITS	2	2	85.05	42.53	.001	42.53	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	86.75	86.75	.000	86.75	.02
PRINCIPAL SURGEON	1	1	86.75	86.75	.000	86.75	.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	12	12	55.66	4.64	.003	4.64	.02
RADIOLOGY	1	1	40.00	40.00	.000	40.00	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	622	13,844	33,943.02	2.45	3.951	54.57	9.69
@PHARMACY	2,291	66,853	\$ 784,276.63	\$ 11.73	19.079	\$ 342.33	\$ 223.82
PRESCRIPTION DRUGS	2,238	11,814	733,538.55	62.09	3.372	327.77	209.34
SNF/ICF	139	1,131	50,023.05	44.23	.323	359.88	14.28
OUTPATIENTS	2,119	10,683	683,515.50	63.98	3.049	322.57	195.07
MEDICAL SUPPLIES	406	55,039	50,738.08	.92	15.707	124.97	14.48
@DENTIST	74	293	\$ 11,152.50	\$ 38.06	.084	\$ 150.71	\$ 3.18
VISITS - DIAGNOSTIC	59	207	2,165.50	10.46	.059	36.70	.62
ORAL SURGERY	9	15	616.00	41.07	.004	68.44	.18
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.000	118.00	.03
ENDODONTICS	2	2	475.00	237.50	.001	237.50	.14
RESTORATIVE DENTISTRY	8	21	1,809.00	86.14	.006	226.13	.52
PROSTHETICS	2	2	60.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	19	41	5,909.00	144.12	.012	311.00	1.69
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	4	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,538
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED						
				AID CODE 18			
					----- MONTHLY AVERAGE -----		
3,504 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	55	144	\$ 2,568.68	\$ 17.84	.041	\$ 46.70	\$.73
DIAGNOSTIC AND ANC. PROCED	10	10	474.50	47.45	.003	47.45	.14
EYE APPLIANCES	38	100	1,728.05	17.28	.029	45.48	.49
OTHER OPTOMETRIC SERVICES	19	34	366.13	10.77	.010	19.27	.10
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	84	158	\$ 872.51	\$ 5.52	.045	\$ 10.39	\$.25
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	84	158	872.51	5.52	.045	10.39	.25
@HOME HEALTH AGENCY	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	230	1,501	\$ 89,298.21	\$ 59.49	.428	\$ 388.25	\$ 25.48
HOSP INPATIENT TOTAL	92	529	73,437.64	138.82	.151	798.24	20.96
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	92	529	73,437.64	138.82	.151	798.24	20.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	150	972	15,860.57	16.32	.277	105.74	4.53
MEDICAL	1	2	19.80	9.90	.001	19.80	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	12	71.85	5.99	.003	71.85	.02
RADIOLOGY	1	1	7.37	7.37	.000	7.37	.00
ROOM USE	1	1	16.88	16.88	.000	16.88	.00
CROSSOVERS/ALL OTH OUTPTNT	150	956	15,744.67	16.47	.273	104.96	4.49
@COUNTY HOSPITAL TOTAL	7	17	\$ 898.97	\$ 52.88	.005	\$ 128.42	\$.26
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	7	17	898.97	52.88	.005	128.42	.26
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7	17	898.97	52.88	.005	128.42	.26

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,539
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

3,504 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	224	1,484	\$ 88,399.24	\$ 59.57	.424	\$ 394.64	\$ 25.23
COMM HOSP INPATIENT TOTAL	92	529	73,437.64	138.82	.151	798.24	20.96
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	92	529	73,437.64	138.82	.151	798.24	20.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	144	955	14,961.60	15.67	.273	103.90	4.27
MEDICAL	1	2	19.80	9.90	.001	19.80	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	12	71.85	5.99	.003	71.85	.02
RADIOLOGY	1	1	7.37	7.37	.000	7.37	.00
ROOM USE	1	1	16.88	16.88	.000	16.88	.00
CROSSOVERS/ALL OTH OUTPTNT	144	939	14,845.70	15.81	.268	103.10	4.24
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	291	7,176	\$ 1,004,856.98	\$ 140.03	2.048	\$ 3453.12	\$ 286.77
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	291	7,176	1,004,856.98	140.03	2.048	3453.12	286.77
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	40	45	\$ 20,160.74	\$ 448.02	.013	\$ 504.02	\$ 5.75
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	40	45	20,160.74	448.02	.013	504.02	5.75
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	28	53	\$ 523.69	\$ 9.88	.015	\$ 18.70	\$.15
PATHOLOGY	17	28	426.26	15.22	.008	25.07	.12
XO AND OTHERS	11	25	97.43	3.90	.007	8.86	.03
@ORGANIZED OUTPATIENT CLINIC	154	230	\$ 10,215.93	\$ 44.42	.066	\$ 66.34	\$ 2.92
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	10	13	1,655.11	127.32	.004	165.51	.47
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	147	217	8,560.82	39.45	.062	58.24	2.44

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,540
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

3,504 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	----- MONTHLY AVERAGE -----		
					UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,019	179,474	\$	239,978.85	\$ 1.34	51.220	\$ 235.50	\$ 68.49
DURABLE MED. EQUIP.	40	279		7,888.29	28.27	.080	197.21	2.25
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	28	45		10,317.15	229.27	.013	368.47	2.94
MEDICAL TRANSPORTATION	213	9,093		32,049.67	3.52	2.595	150.47	9.15
AMBULANCES/AIR TRANS	16	58		1,805.83	31.14	.017	112.86	.52
OTHER TRANS	194	8,838		29,626.70	3.35	2.522	152.71	8.46
OTHER SERVICES	12	197		617.14	3.13	.056	51.43	.18
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	19	346		23,930.53	69.16	.099	1259.50	6.83
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	215	1,023		82,708.73	80.85	.292	384.69	23.60
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	75	183		2,597.46	14.19	.052	34.63	.74
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00

PORTABLE X-RAY	3	5	5.25	1.05	.001	1.75	.00
PROSTHETIST/ORTHOTISTS	10	19	703.51	37.03	.005	70.35	.20
PROSTHETICS	10	19	703.51	37.03	.005	70.35	.20
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	19	2,927.25	154.07	.005	365.91	.84
HOSPICE SERVICES	8	137	15,534.12	113.39	.039	1941.77	4.43
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	617	168,325	61,316.89	.36	48.038	99.38	17.50
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1,220	51,305	\$ 327,867.81	\$ 6.39	14.642	\$ 268.74	\$ 93.57

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,541
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5	13	\$ 281.04	\$ 21.62	1.444	\$ 56.21	\$ 31.23
@PHYSICIANS SERVICES	2	4	\$ 154.72	\$ 38.68	.444	\$ 77.36	\$ 17.19
OUTPATIENT VISITS	2	2	75.00	37.50	.222	37.50	8.33
OFFICE VISITS	2	2	75.00	37.50	.222	37.50	8.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	79.72	39.86	.222	39.86	8.86
EXAMINATIONS	2	2	79.72	39.86	.222	39.86	8.86
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	5	9	\$ 126.32	\$ 14.04	1.000	\$ 25.26	\$ 14.04
PRESCRIPTION DRUGS	5	9	126.32	14.04	1.000	25.26	14.04
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	5	9	126.32	14.04	1.000	25.26	14.04
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,542
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						
				AID CODE 28	----- MONTHLY AVERAGE -----		
09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,543
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,544
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,545
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED	AID CODE 68

1,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,199	139,878	\$ 887,993.49	\$ 6.35	91.904	\$ 740.61	\$ 583.44
@PHYSICIANS SERVICES	334	1,923	\$ 20,332.93	\$ 10.57	1.263	\$ 60.88	\$ 13.36
OUTPATIENT VISITS	28	45	1,755.22	39.00	.030	62.69	1.15
OFFICE VISITS	23	34	869.31	25.57	.022	37.80	.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	11	885.91	80.54	.007	88.59	.58
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	25	1,242.64	49.71	.016	310.66	.82

HOSPITAL VISITS	4	22	877.84	39.90	.014	219.46	.58
CRITICAL CARE	1	3	364.80	121.60	.002	364.80	.24
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	68.76	34.38	.001	34.38	.05
EXAMINATIONS	2	2	68.76	34.38	.001	34.38	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	12	719.83	59.99	.008	239.94	.47
PRINCIPAL SURGEON	2	3	517.80	172.60	.002	258.90	.34
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	9	202.03	22.45	.006	101.02	.13
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	8	179.09	22.39	.005	35.82	.12

RADIOLOGY	11	17		2,694.38		158.49	.011	244.94	1.77
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	304	1,814		13,673.01		7.54	1.192	44.98	8.98
@PHARMACY	1,081	60,831	\$	540,714.45	\$	8.89	39.968	\$ 500.20	\$ 355.27
PRESCRIPTION DRUGS	1,058	6,244		501,346.30		80.29	4.102	473.86	329.40
SNF/ICF	3	11		334.95		30.45	.007	111.65	.22
OUTPATIENTS	1,056	6,233		501,011.35		80.38	4.095	474.44	329.18
MEDICAL SUPPLIES	315	54,587		39,368.15		.72	35.865	124.98	25.87
@DENTIST	70	307	\$	12,367.43	\$	40.28	.202	\$ 176.68	\$ 8.13
VISITS - DIAGNOSTIC	47	191		1,864.68		9.76	.125	39.67	1.23
ORAL SURGERY	8	22		1,287.00		58.50	.014	160.88	.85
DRUGS	1	1		15.00		15.00	.001	15.00	.01
ANESTHESIA	1	1		100.00		100.00	.001	100.00	.07
PERIODONTICS	5	5		800.00		160.00	.003	160.00	.53
ENDODONTICS	3	3		660.00		220.00	.002	220.00	.43
RESTORATIVE DENTISTRY	19	59		4,397.00		74.53	.039	231.42	2.89
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	7	18		3,243.75		180.21	.012	463.39	2.13
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	2	7		.00		.00	.005	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,546
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								
	AID CODE 68								

----- MONTHLY AVERAGE -----									
1,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	20	56	\$ 1,012.05	\$ 18.07	.037	\$ 50.60	\$.66		
DIAGNOSTIC AND ANC. PROCED	5	5	225.39	45.08	.003	45.08	.15		
EYE APPLIANCES	12	37	596.51	16.12	.024	49.71	.39		
OTHER OPTOMETRIC SERVICES	9	14	190.15	13.58	.009	21.13	.12		
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	25	54	\$ 690.84	\$ 12.79	.035	\$ 27.63	\$.45		
MEDICINE/INJECTIONS	7	11	272.80	24.80	.007	38.97	.18		
SURGERY/ANES.	1	1	202.53	202.53	.001	202.53	.13		
RADIO./PATHOLOGY	2	3	51.90	17.30	.002	25.95	.03		
OTHER	18	39	163.61	4.20	.026	9.09	.11		
@HOME HEALTH AGENCY	8	74	\$ 4,942.84	\$ 66.80	.049	\$ 617.86	\$ 3.25		
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	106	879	\$ 73,659.13	\$ 83.80	.578	\$ 694.90	\$ 48.40		
HOSP INPATIENT TOTAL	37	250	61,734.54	246.94	.164	1668.50	40.56		
HSC HOSPITALS	2	8	6,168.26	771.03	.005	3084.13	4.05		
NON-HSC HOSPITAL TOTAL	3	29	22,173.37	764.60	.019	7391.12	14.57		
ACCOMMODATIONS	3	29	5,193.70	179.09	.019	1731.23	3.41		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	3	29	5,193.70	179.09	.019	1731.23	3.41		
ANCILLARIES	3	0	16,979.67	.00	.000	5659.89	11.16		
INPATIENT CROSSOVERS	32	213	33,392.91	156.77	.140	1043.53	21.94		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	73	629	11,924.59	18.96	.413	163.35	7.83		
MEDICAL	8	14	422.24	30.16	.009	52.78	.28		

SURGERY	2	2	98.32	49.16	.001	49.16	.06
PATHOLOGY	12	112	1,191.80	10.64	.074	99.32	.78
RADIOLOGY	8	16	617.59	38.60	.011	77.20	.41
ROOM USE	8	20	878.95	43.95	.013	109.87	.58
CROSSOVERS/ALL OTH OUTPTNT	64	465	8,715.69	18.74	.306	136.18	5.73
@COUNTY HOSPITAL TOTAL	13	107	\$ 6,013.93	\$ 56.20	.070	\$ 462.61	\$ 3.95
CO HOSPITAL INPATIENT TOTAL	2	61	4,830.00	79.18	.040	2415.00	3.17
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	61	4,830.00	79.18	.040	2415.00	3.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	46	1,183.93	25.74	.030	107.63	.78
MEDICAL	5	8	272.45	34.06	.005	54.49	.18
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	11	135.84	12.35	.007	67.92	.09
RADIOLOGY	1	1	23.07	23.07	.001	23.07	.02
ROOM USE	3	8	286.89	35.86	.005	95.63	.19
CROSSOVERS/ALL OTH OUTPTNT	6	18	465.68	25.87	.012	77.61	.31

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,547
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

1,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	96	772	\$ 67,645.20	\$ 87.62	.507	\$ 704.64	\$ 44.44
COMM HOSP INPATIENT TOTAL	35	189	56,904.54	301.08	.124	1625.84	37.39
HSC HOSPITALS	2	8	6,168.26	771.03	.005	3084.13	4.05
NON-HSC HOSPITALS TOTAL	3	29	22,173.37	764.60	.019	7391.12	14.57
ACCOMMODATIONS	3	29	5,193.70	179.09	.019	1731.23	3.41
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	29	5,193.70	179.09	.019	1731.23	3.41
ANCILLARIES	3	0	16,979.67	.00	.000	5659.89	11.16
INPATIENT CROSSOVERS	30	152	28,562.91	187.91	.100	952.10	18.77
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	65	583	10,740.66	18.42	.383	165.24	7.06
MEDICAL	5	6	149.79	24.97	.004	29.96	.10
SURGERY	2	2	98.32	49.16	.001	49.16	.06
PATHOLOGY	11	101	1,055.96	10.46	.066	96.00	.69
RADIOLOGY	8	15	594.52	39.63	.010	74.32	.39
ROOM USE	7	12	592.06	49.34	.008	84.58	.39
CROSSOVERS/ALL OTH OUTPTNT	58	447	8,250.01	18.46	.294	142.24	5.42
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	34	635	\$ 85,919.15	\$ 135.31	.417	\$ 2527.03	\$ 56.45
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	34	635	85,919.15	135.31	.417	2527.03	56.45
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	64	68	\$	30,834.42	\$	453.45		.045	\$	481.79	\$	20.26
HOSPITAL BASED	0	0		.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	64	68		30,834.42		453.45		.045		481.79		20.26
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	51	182	\$	1,944.26	\$	10.68		.120	\$	38.12	\$	1.28
PATHOLOGY	41	127		1,833.42		14.44		.083		44.72		1.20
XO AND OTHERS	10	55		110.84		2.02		.036		11.08		.07
@ORGANIZED OUTPATIENT CLINIC	72	152	\$	11,322.33	\$	74.49		.100	\$	157.25	\$	7.44
CLINIC	0	0		.00		.00		.000		.00		.00
SURGICENTER	7	10		1,054.22		105.42		.007		150.60		.69
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	65	142		10,268.11		72.31		.093		157.97		6.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003											PAGE 4,548
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED											AID CODE 68

1,522 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	455	74,717	\$ 104,253.66	\$ 1.40	49.091	\$ 229.13	\$ 68.50
DURABLE MED. EQUIP.	17	77	10,147.03	131.78	.051	596.88	6.67
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	3	765.31	255.10	.002	765.31	.50
MEDICAL TRANSPORTATION	143	7,382	32,473.40	4.40	4.850	227.09	21.34
AMBULANCES/AIR TRANS	9	65	945.45	14.55	.043	105.05	.62
OTHER TRANS	129	7,199	31,170.05	4.33	4.730	241.63	20.48
OTHER SERVICES	7	118	357.90	3.03	.078	51.13	.24
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	12	295	20,297.00	68.80	.194	1691.42	13.34
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	13	55	4,537.01	82.49	.036	349.00	2.98
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	27	72	883.96	12.28	.047	32.74	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	2.62	2.62	.001	2.62	.00
PROSTHETIST/ORTHOTISTS	10	22	354.29	16.10	.014	35.43	.23
PROSTHETICS	10	22	354.29	16.10	.014	35.43	.23
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	25.00	25.00	.001	25.00	.02
HOSPICE SERVICES	2	25	2,883.00	115.32	.016	1441.50	1.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	68	376.16	5.53	.045	376.16	.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	321	66,716	31,508.88	.47	43.834	98.16	20.70
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	594	26,738	\$ 133,815.51	\$ 5.00	17.568	\$ 225.28	\$ 87.92

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003											PAGE 4,549
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL											

5,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	3,984	409,678	\$	3,086,389.73	\$	7.53	81.366	\$	774.70	\$	612.99
@PHYSICIANS SERVICES	967	15,787	\$	54,698.13	\$	3.46	3.135	\$	56.56	\$	10.86
OUTPATIENT VISITS	32	49		1,915.27		39.09	.010		59.85		.38
OFFICE VISITS	27	38		1,029.36		27.09	.008		38.12		.20
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	10	11		885.91		80.54	.002		88.59		.18
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	4	25		1,242.64		49.71	.005		310.66		.25
HOSPITAL VISITS	4	22		877.84		39.90	.004		219.46		.17
CRITICAL CARE	1	3		364.80		121.60	.001		364.80		.07
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	4	4		148.48		37.12	.001		37.12		.03
EXAMINATIONS	4	4		148.48		37.12	.001		37.12		.03
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	4	13		806.58		62.04	.003		201.65		.16
PRINCIPAL SURGEON	3	4		604.55		151.14	.001		201.52		.12
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	9		202.03		22.45	.002		101.02		.04
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	17	20		234.75		11.74	.004		13.81		.05
RADIOLOGY	12	18		2,734.38		151.91	.004		227.87		.54
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	926	15,658		47,616.03		3.04	3.110		51.42		9.46
@PHARMACY	3,377	127,693	\$	1,325,117.40	\$	10.38	25.361	\$	392.39	\$	263.18
PRESCRIPTION DRUGS	3,301	18,067		1,235,011.17		68.36	3.588		374.13		245.29
SNF/ICF	142	1,142		50,358.00		44.10	.227		354.63		10.00
OUTPATIENTS	3,180	16,925		1,184,653.17		69.99	3.361		372.53		235.28
MEDICAL SUPPLIES	721	109,626		90,106.23		.82	21.773		124.97		17.90
@DENTIST	144	600	\$	23,519.93	\$	39.20	.119	\$	163.33	\$	4.67
VISITS - DIAGNOSTIC	106	398		4,030.18		10.13	.079		38.02		.80
ORAL SURGERY	17	37		1,903.00		51.43	.007		111.94		.38
DRUGS	1	1		15.00		15.00	.000		15.00		.00
ANESTHESIA	1	1		100.00		100.00	.000		100.00		.02
PERIODONTICS	6	6		918.00		153.00	.001		153.00		.18
ENDODONTICS	5	5		1,135.00		227.00	.001		227.00		.23
RESTORATIVE DENTISTRY	27	80		6,206.00		77.58	.016		229.85		1.23
PROSTHETICS	2	2		60.00		30.00	.000		30.00		.01
DENTURES, STAYPLATES	26	59		9,152.75		155.13	.012		352.03		1.82
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	4	11		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 4,550
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL										

5,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	75	200	\$ 3,580.73	\$ 17.90	.040	\$	47.74	\$.71
DIAGNOSTIC AND ANC. PROCED	15	15	699.89	46.66	.003		46.66	.14
EYE APPLIANCES	50	137	2,324.56	16.97	.027		46.49	.46
OTHER OPTOMETRIC SERVICES	28	48	556.28	11.59	.010		19.87	.11

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	109	212	\$	1,563.35	\$	7.37	.042	\$	14.34	\$	.31
MEDICINE/INJECTIONS	7	11		272.80		24.80	.002		38.97		.05
SURGERY/ANES.	1	1		202.53		202.53	.000		202.53		.04
RADIO./PATHOLOGY	2	3		51.90		17.30	.001		25.95		.01
OTHER	102	197		1,036.12		5.26	.039		10.16		.21
@HOME HEALTH AGENCY	8	74	\$	4,942.84	\$	66.80	.015	\$	617.86	\$	.98
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	336	2,380	\$	162,957.34	\$	68.47	.473	\$	484.99	\$	32.36
HOSP INPATIENT TOTAL	129	779		135,172.18		173.52	.155		1047.85		26.85
HSC HOSPITALS	2	8		6,168.26		771.03	.002		3084.13		1.23

NON-HSC HOSPITAL TOTAL	3	29		22,173.37		764.60	.006	7391.12		4.40
ACCOMMODATIONS	3	29		5,193.70		179.09	.006	1731.23		1.03
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	3	29		5,193.70		179.09	.006	1731.23		1.03
ANCILLARIES	3	0		16,979.67		.00	.000	5659.89		3.37
INPATIENT CROSSOVERS	124	742		106,830.55		143.98	.147	861.54		21.22
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	223	1,601		27,785.16		17.35	.318	124.60		5.52
MEDICAL	9	16		442.04		27.63	.003	49.12		.09
SURGERY	2	2		98.32		49.16	.000	49.16		.02
PATHOLOGY	13	124		1,263.65		10.19	.025	97.20		.25
RADIOLOGY	9	17		624.96		36.76	.003	69.44		.12
ROOM USE	9	21		895.83		42.66	.004	99.54		.18
CROSSOVERS/ALL OTH OUTPTNT	214	1,421		24,460.36		17.21	.282	114.30		4.86
@COUNTY HOSPITAL TOTAL	20	124	\$	6,912.90	\$	55.75	.025	345.65	\$	1.37
CO HOSPITAL INPATIENT TOTAL	2	61		4,830.00		79.18	.012	2415.00		.96
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	2	61		4,830.00		79.18	.012	2415.00		.96
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	18	63		2,082.90		33.06	.013	115.72		.41
MEDICAL	5	8		272.45		34.06	.002	54.49		.05
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	2	11		135.84		12.35	.002	67.92		.03
RADIOLOGY	1	1		23.07		23.07	.000	23.07		.00
ROOM USE	3	8		286.89		35.86	.002	95.63		.06
CROSSOVERS/ALL OTH OUTPTNT	13	35		1,364.65		38.99	.007	104.97		.27
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
MOP024	FEE-FOR-SERVICE/DENTAL									
KERN COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL									

PAGE 4,551
01/29/04

	5,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	320	2,256	\$	156,044.44	\$ 69.17	.448	\$ 487.64	\$ 30.99
COMM HOSP INPATIENT TOTAL	127	718		130,342.18	181.54	.143	1026.32	25.89
HSC HOSPITALS	2	8		6,168.26	771.03	.002	3084.13	1.23
NON-HSC HOSPITALS TOTAL	3	29		22,173.37	764.60	.006	7391.12	4.40
ACCOMMODATIONS	3	29		5,193.70	179.09	.006	1731.23	1.03
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	29		5,193.70	179.09	.006	1731.23	1.03
ANCILLARIES	3	0		16,979.67	.00	.000	5659.89	3.37
INPATIENT CROSSOVERS	122	681		102,000.55	149.78	.135	836.07	20.26
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	209	1,538		25,702.26	16.71	.305	122.98	5.10
MEDICAL	6	8		169.59	21.20	.002	28.27	.03
SURGERY	2	2		98.32	49.16	.000	49.16	.02
PATHOLOGY	12	113		1,127.81	9.98	.022	93.98	.22
RADIOLOGY	9	16		601.89	37.62	.003	66.88	.12
ROOM USE	8	13		608.94	46.84	.003	76.12	.12
CROSSOVERS/ALL OTH OUTPTNT	202	1,386		23,095.71	16.66	.275	114.34	4.59
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00

@NURSING FACILITY	325	7,811	\$	1,090,776.13	\$	139.65	1.551	\$	3356.23	\$	216.64
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	325	7,811		1,090,776.13		139.65	1.551		3356.23		216.64
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	104	113	\$	50,995.16	\$	451.28	.022	\$	490.34	\$	10.13
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	104	113		50,995.16		451.28	.022		490.34		10.13
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	79	235	\$	2,467.95	\$	10.50	.047	\$	31.24	\$	.49
PATHOLOGY	58	155		2,259.68		14.58	.031		38.96		.45
XO AND OTHERS	21	80		208.27		2.60	.016		9.92		.04
@ORGANIZED OUTPATIENT CLINIC	226	382	\$	21,538.26	\$	56.38	.076	\$	95.30	\$	4.28
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	17	23		2,709.33		117.80	.005		159.37		.54
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	212	359		18,828.93		52.45	.071		88.82		3.74
#CALIF DEPT OF HEALTH SERV											
MOP024											
KERN COUNTY											

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

PAGE 4,552
 01/29/04

	5,035 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,474	254,191	\$	344,232.51	\$ 1.35	50.485	\$ 233.54	\$ 68.37
DURABLE MED. EQUIP.	57	356		18,035.32	50.66	.071	316.41	3.58
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	29	48		11,082.46	230.88	.010	382.15	2.20
MEDICAL TRANSPORTATION	356	16,475		64,523.07	3.92	3.272	181.24	12.81
AMBULANCES/AIR TRANS	25	123		2,751.28	22.37	.024	110.05	.55
OTHER TRANS	323	16,037		60,796.75	3.79	3.185	188.23	12.07
OTHER SERVICES	19	315		975.04	3.10	.063	51.32	.19
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	31	641		44,227.53	69.00	.127	1426.69	8.78
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	228	1,078		87,245.74	80.93	.214	382.66	17.33
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	102	255		3,481.42	13.65	.051	34.13	.69
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	4	6		7.87	1.31	.001	1.97	.00
PROSTHETIST/ORTHOTISTS	20	41		1,057.80	25.80	.008	52.89	.21
PROSTHETICS	20	41		1,057.80	25.80	.008	52.89	.21
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	20		2,952.25	147.61	.004	328.03	.59
HOSPICE SERVICES	10	162		18,417.12	113.69	.032	1841.71	3.66
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	68		376.16	5.53	.014	376.16	.07
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	938	235,041		92,825.77	.39	46.681	98.96	18.44
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 1,814 78,043 \$ 461,683.32 \$ 5.92 15.500 \$ 254.51 \$ 91.69

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,553
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	70,089 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	52,143	1,303,694	\$	25,954,267.11	\$ 19.91	18.601	\$ 497.75	\$ 370.30
@PHYSICIANS SERVICES	11,580	56,122	\$	618,339.45	\$ 11.02	.801	\$ 53.40	\$ 8.82
OUTPATIENT VISITS	180	251		8,667.96	34.53	.004	48.16	.12
OFFICE VISITS	162	224		6,920.28	30.89	.003	42.72	.10
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	23	26		1,728.48	66.48	.000	75.15	.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		19.20	19.20	.000	19.20	.00
INPATIENT VISITS	20	241		9,997.82	41.48	.003	499.89	.14
HOSPITAL VISITS	20	219		7,966.72	36.38	.003	398.34	.11
CRITICAL CARE	7	22		2,031.10	92.32	.000	290.16	.03
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	25	27		923.52	34.20	.000	36.94	.01
EXAMINATIONS	25	27		923.52	34.20	.000	36.94	.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	280CR		2,326.99	8.31CR	.004CR	258.55	.03
PRINCIPAL SURGEON	9	19		2,742.25	144.33	.000	304.69	.04
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	299CR		415.26CR	1.39	.004CR	415.26CR	.01CR
OUTPATIENT SURGERY	19	40		3,200.97	80.02	.001	168.47	.05
PRINCIPAL SURGEON	16	27		2,818.49	104.39	.000	176.16	.04
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	13		382.48	29.42	.000	127.49	.01
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	122	202		1,367.44	6.77	.003	11.21	.02
RADIOLOGY	73	196		6,037.82	30.81	.003	82.71	.09
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	28		36.65	1.31	.000	2.62	.00
OTHER SERVICES/ALL X-OVERS	11,321	55,417		585,780.28	10.57	.791	51.74	8.36
@PHARMACY	45,505	528,610	\$	13,349,547.07	\$ 25.25	7.542	\$ 293.36	\$ 190.47
PRESCRIPTION DRUGS	44,798	187,913		12,859,441.85	68.43	2.681	287.05	183.47
SNF/ICF	1,389	9,914		513,188.78	51.76	.141	369.47	7.32
OUTPATIENTS	43,540	177,999		12,346,253.07	69.36	2.540	283.56	176.15
MEDICAL SUPPLIES	5,078	340,697		490,105.22	1.44	4.861	96.52	6.99
@DENTIST	2,517	11,670	\$	586,001.20	\$ 50.21	.167	\$ 232.82	\$ 8.36
VISITS - DIAGNOSTIC	1,494	6,603		62,954.00	9.53	.094	42.14	.90
ORAL SURGERY	405	1,279		62,905.50	49.18	.018	155.32	.90
DRUGS	18	41		630.00	15.37	.001	35.00	.01
ANESTHESIA	31	33		3,100.00	93.94	.000	100.00	.04
PERIODONTICS	173	183		26,938.00	147.20	.003	155.71	.38
ENDODONTICS	98	148		33,767.00	228.16	.002	344.56	.48
RESTORATIVE DENTISTRY	538	1,383		134,985.00	97.60	.020	250.90	1.93
PROSTHETICS	31	32		870.00	27.19	.000	28.06	.01
DENTURES, STAYPLATES	688	1,833		259,102.61	141.35	.026	376.60	3.70
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		609.09	609.09	.000	609.09	.01
FRACTURES, DISLOCATIONS	0	0		140.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	46	134		.00	.00	.002	.00	.00

70,089 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	1,531	4,048	\$ 84,192.22	\$ 20.80	.058	\$	54.99	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	429	430	20,261.69	47.12	.006		47.23	.29
EYE APPLIANCES	1,076	3,074	52,975.19	17.23	.044		49.23	.76
OTHER OPTOMETRIC SERVICES	397	544	10,955.34	20.14	.008		27.60	.16
@CHIROPRACTOR	16	24	\$ 215.16	\$ 8.97	.000	\$	13.45	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	16	24	215.16	8.97	.000		13.45	.00
@PODIATRIST	799	1,845	\$ 14,245.57	\$ 7.72	.026	\$	17.83	\$.20
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	799	1,845	14,245.57	7.72	.026		17.83	.20
@HOME HEALTH AGENCY	9	33	\$ 2,027.96	\$ 61.45	.000	\$	225.33	\$.03
NURSE ANESTHESIST	1	4	\$ 88.71	\$ 22.18	.000	\$	88.71	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	3,244	19,972	\$ 2,577,502.19	\$ 129.06	.285	\$	794.54	\$ 36.77
HOSP INPATIENT TOTAL	969	6,017	2,313,907.79	384.56	.086		2387.93	33.01
HSC HOSPITALS	159	1,397	1,210,396.74	866.43	.020		7612.56	17.27
NON-HSC HOSPITAL TOTAL	60	454	478,515.68	1054.00	.006		7975.26	6.83
ACCOMMODATIONS	60	454	88,394.80	194.70	.006		1473.25	1.26
ADMINISTRATIVE DAYS	3	38	8,734.86	229.86	.001		2911.62	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	57	416	79,659.94	191.49	.006		1397.54	1.14
ANCILLARIES	58	0	390,120.88	.00	.000		6726.22	5.57
INPATIENT CROSSOVERS	753	4,166	624,995.37	150.02	.059		830.01	8.92
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	2,406	13,955	263,594.40	18.89	.199		109.56	3.76
MEDICAL	23	40	993.30	24.83	.001		43.19	.01
SURGERY	1	1	54.27	54.27	.000		54.27	.00
PATHOLOGY	39	193	2,086.20	10.81	.003		53.49	.03
RADIOLOGY	28	33	2,367.49	71.74	.000		84.55	.03
ROOM USE	40	50	1,906.11	38.12	.001		47.65	.03
CROSSOVERS/ALL OTH OUTPTNT	2,345	13,638	256,187.03	18.78	.195		109.25	3.66
@COUNTY HOSPITAL TOTAL	277	633	\$ 38,329.13	\$ 60.55	.009	\$	138.37	\$.55
CO HOSPITAL INPATIENT TOTAL	13	61	24,010.33	393.61	.001		1846.95	.34
HSC HOSPITALS	4	13	16,893.63	1299.51	.000		4223.41	.24
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	9	48	7,116.70	148.26	.001		790.74	.10
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	266	572	14,318.80	25.03	.008		53.83	.20
MEDICAL	14	24	758.02	31.58	.000		54.14	.01
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	11	57	625.89	10.98	.001		56.90	.01
RADIOLOGY	10	12	839.20	69.93	.000		83.92	.01
ROOM USE	27	34	1,240.64	36.49	.000		45.95	.02
CROSSOVERS/ALL OTH OUTPTNT	232	445	10,855.05	24.39	.006		46.79	.15

MOP024
KERN COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

01/29/04

70,089 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,985	19,339	\$ 2,539,173.06	\$ 131.30	.276	\$ 850.64	\$ 36.23
COMM HOSP INPATIENT TOTAL	957	5,956	2,289,897.46	384.47	.085	2392.79	32.67
HSC HOSPITALS	155	1,384	1,193,503.11	862.36	.020	7700.02	17.03
NON-HSC HOSPITALS TOTAL	60	454	478,515.68	1054.00	.006	7975.26	6.83
ACCOMMODATIONS	60	454	88,394.80	194.70	.006	1473.25	1.26
ADMINISTRATIVE DAYS	3	38	8,734.86	229.86	.001	2911.62	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	57	416	79,659.94	191.49	.006	1397.54	1.14
ANCILLARIES	58	0	390,120.88	.00	.000	6726.22	5.57
INPATIENT CROSSOVERS	744	4,118	617,878.67	150.04	.059	830.48	8.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	2,153	13,383		249,275.60		18.63	.191	115.78	3.56
MEDICAL	9	16		235.28		14.71	.000	26.14	.00
SURGERY	1	1		54.27		54.27	.000	54.27	.00
PATHOLOGY	29	136		1,460.31		10.74	.002	50.36	.02
RADIOLOGY	18	21		1,528.29		72.78	.000	84.91	.02
ROOM USE	14	16		665.47		41.59	.000	47.53	.01
CROSSOVERS/ALL OTH OUTPTNT	2,125	13,193		245,331.98		18.60	.188	115.45	3.50
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1,636	40,576	\$	6,021,243.72	\$	148.39	.579	3680.47	85.91
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	25	812		385,443.89		474.68	.012	15417.76	5.50
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1,628	39,764		5,635,799.83		141.73	.567	3461.79	80.41
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	475	549	\$	244,616.19	\$	445.57	.008	514.98	3.49
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	475	549		244,616.19		445.57	.008	514.98	3.49
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1,034	2,844	\$	21,911.39	\$	7.70	.041	21.19	.31
PATHOLOGY	505	1,126		12,481.32		11.08	.016	24.72	.18
XO AND OTHERS	531	1,718		9,430.07		5.49	.025	17.76	.13
@ORGANIZED OUTPATIENT CLINIC	3,537	5,487	\$	257,774.39	\$	46.98	.078	72.88	3.68
CLINIC	35	188		3,901.01		20.75	.003	111.46	.06
SURGICENTER	341	480		57,471.46		119.73	.007	168.54	.82
HEROIN DETOX CLINIC	2	20		178.30		8.92	.000	89.15	.00
RURAL HEALTH CLINIC	3,190	4,799		196,223.62		40.89	.068	61.51	2.80

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

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	70,089 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11,012	631,910	\$	2,176,561.89	\$ 3.44	9.016	\$ 197.65	\$ 31.05
DURABLE MED. EQUIP.	363	1,347		89,865.24	66.72	.019	247.56	1.28
BLOOD BANK	1	4		382.50	95.63	.000	382.50	.01
HEARING AID DISPENSERS	317	424		105,476.90	248.77	.006	332.73	1.50
MEDICAL TRANSPORTATION	1,190	64,438		225,185.66	3.49	.919	189.23	3.21
AMBULANCES/AIR TRANS	106	379		12,258.79	32.35	.005	115.65	.17
OTHER TRANS	951	61,001		202,098.90	3.31	.870	212.51	2.88
OTHER SERVICES	158	3,058		10,827.97	3.54	.044	68.53	.15
ACUPUNCTURE	45	142		2,478.03	17.45	.002	55.07	.04
ADULT DAY HEALTH CARE CTR	680	10,583		731,880.17	69.16	.151	1076.29	10.44
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	929	5,241		384,357.09	73.34	.075	413.73	5.48
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,795	4,226		59,114.61	13.99	.060	32.93	.84
PHYSICAL THERAPIST	2	7		32.77	4.68	.000	16.39	.00
PORTABLE X-RAY	9	18		103.36	5.74	.000	11.48	.00
PROSTHETIST/ORTHOTISTS	172	336		10,591.23	31.52	.005	61.58	.15
PROSTHETICS	168	328		10,344.05	31.54	.005	61.57	.15
ORTHOTICS	4	8		247.18	30.90	.000	61.80	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	188	351	40,122.45	114.31	.005	213.42	.57
HOSPICE SERVICES	25	392	44,223.25	112.81	.006	1768.93	.63
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	19.14	9.57	.000	19.14	.00
EPSDT SUPPLEMENTAL SERVICE	1	72	1,727.64	24.00	.001	1727.64	.02
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6,677	544,327	481,001.85	.88	7.766	72.04	6.86
@CALIF. CHILDREN SERVICES*	2	2	\$ 53.00	\$ 26.50	.000	\$ 26.50	\$.00
@XOVER EXCLUDING STATE HOSP**	19,797	285,856	\$ 2,985,037.39	\$ 10.44	4.078	\$ 150.78	\$ 42.59

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 4,557

MOP024 FEE-FOR-SERVICE/DENTAL

01/29/04

KERN COUNTY

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

6,808 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,423	429,406	\$ 4,897,598.28	\$ 11.41	63.074 \$ 903.12 \$ 719.39
@PHYSICIANS SERVICES	1,805	9,422	\$ 226,380.76	\$ 24.03	1.384 \$ 125.42 \$ 33.25
OUTPATIENT VISITS	743	1,095	40,968.89	37.41	.161 55.14 6.02
OFFICE VISITS	618	863	27,436.66	31.79	.127 44.40 4.03
HOME VISITS	3	3	160.10	53.37	.000 53.37 .02
EMERGENCY ROOM	151	178	11,569.56	65.00	.026 76.62 1.70
PREVENTIVE CARE	1	1	43.85	43.85	.000 43.85 .01
OB VISITS/COMPRE PERI	1	1	94.73	94.73	.000 94.73 .01
OTHER OUTPATIENT	41	49	1,663.99	33.96	.007 40.59 .24
INPATIENT VISITS	110	940	26,226.58	27.90	.138 238.42 3.85
HOSPITAL VISITS	92	858	21,871.40	25.49	.126 237.73 3.21
CRITICAL CARE	7	17	2,258.98	132.88	.002 322.71 .33
SNF/ICF/TRANS IP CARE	16	65	2,096.20	32.25	.010 131.01 .31
OPHTHALMOLOGICAL SERVICES	93	145	6,293.81	43.41	.021 67.68 .92
EXAMINATIONS	92	144	6,257.41	43.45	.021 68.02 .92
SERVICES AND MATERIALS	1	1	36.40	36.40	.000 36.40 .01
INPATIENT HOSPITAL SURGERY	52	298	25,808.22	86.60	.044 496.31 3.79
PRINCIPAL SURGEON	40	59	20,979.45	355.58	.009 524.49 3.08
ASSISTANT SURGEON	4	4	674.75	168.69	.001 168.69 .10
ANESTHESIOLOGIST	13	235	4,154.02	17.68	.035 319.54 .61
OUTPATIENT SURGERY	112	349	30,942.66	88.66	.051 276.27 4.55
PRINCIPAL SURGEON	85	108	26,478.58	245.17	.016 311.51 3.89
ASSISTANT SURGEON	2	2	171.31	85.66	.000 85.66 .03
ANESTHESIOLOGIST	27	239	4,292.77	17.96	.035 158.99 .63
DIALYSIS	39	120	8,986.96	74.89	.018 230.43 1.32
PATHOLOGY	177	835	4,088.93	4.90	.123 23.10 .60
RADIOLOGY	255	554	23,576.16	42.56	.081 92.46 3.46
PSYCHIATRY	0	0	.00	.00	.000 .00 .00
IMMUNIZATION AND INJECTION	39	89	1,038.90	11.67	.013 26.64 .15
OTHER SERVICES/ALL X-OVERS	952	4,997	58,449.65	11.70	.734 61.40 8.59
@PHARMACY	4,439	136,063	\$ 1,790,410.46	\$ 13.16	19.986 \$ 403.34 \$ 262.99
PRESCRIPTION DRUGS	4,326	21,739	1,646,022.63	75.72	3.193 380.50 241.78
SNF/ICF	172	1,309	73,548.23	56.19	.192 427.61 10.80
OUTPATIENTS	4,171	20,430	1,572,474.40	76.97	3.001 377.00 230.97
MEDICAL SUPPLIES	967	114,324	144,387.83	1.26	16.793 149.32 21.21
@DENTIST	376	1,732	\$ 72,367.25	\$ 41.78	.254 \$ 192.47 \$ 10.63
VISITS - DIAGNOSTIC	258	1,120	12,257.75	10.94	.165 47.51 1.80
ORAL SURGERY	57	150	9,409.50	62.73	.022 165.08 1.38
DRUGS	4	8	70.00	8.75	.001 17.50 .01
ANESTHESIA	6	6	500.00	83.33	.001 83.33 .07

PERIODONTICS	35	47	7,245.00	154.15	.007	207.00	1.06
ENDODONTICS	26	43	6,651.00	154.67	.006	255.81	.98
RESTORATIVE DENTISTRY	94	244	19,093.00	78.25	.036	203.12	2.80
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	44	99	17,021.00	171.93	.015	386.84	2.50
SPACE MAINTAINERS	1	1	120.00	120.00	.000	120.00	.02
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	6	9	.00	.00	.001	.00	.00
ALL OTHER SERVICES	4	5	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

PAGE 4,558 01/29/04

6,808 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	82	185	\$ 7,495.65	\$ 40.52	.027	\$ 91.41	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	41	42	1,936.99	46.12	.006	47.24	.28
EYE APPLIANCES	49	135	5,276.95	39.09	.020	107.69	.78
OTHER OPTOMETRIC SERVICES	9	8	281.71	35.21	.001	31.30	.04
@CHIROPRACTOR	15	31	\$ 432.37	\$ 13.95	.005	\$ 28.82	\$.06
VISITS	13	23	384.56	16.72	.003	29.58	.06
OTHER SERVICES	2	8	47.81	5.98	.001	23.91	.01
@PODIATRIST	96	181	\$ 1,552.04	\$ 8.57	.027	\$ 16.17	\$.23
MEDICINE/INJECTIONS	11	12	379.73	31.64	.002	34.52	.06
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	85	169	1,172.31	6.94	.025	13.79	.17
@HOME HEALTH AGENCY	57	7,095	\$ 214,801.11	\$ 30.27	1.042	\$ 3768.44	\$ 31.55
NURSE ANESTHESIST	5	16	\$ 390.11	\$ 24.38	.002	\$ 78.02	\$.06
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	743	4,848	\$ 824,599.94	\$ 170.09	.712	\$ 1109.82	\$ 121.12
HOSP INPATIENT TOTAL	122	888	699,052.39	787.22	.130	5729.94	102.68
HSC HOSPITALS	53	366	424,648.53	1160.24	.054	8012.24	62.37
NON-HSC HOSPITAL TOTAL	20	74	210,247.57	2841.18	.011	10512.38	30.88
ACCOMMODATIONS	20	74	27,641.06	373.53	.011	1382.05	4.06
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	71	26,947.16	379.54	.010	1418.27	3.96
ANCILLARIES	20	0	182,606.51	.00	.000	9130.33	26.82
INPATIENT CROSSOVERS	51	448	64,156.29	143.21	.066	1257.97	9.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	663	3,960	125,547.55	31.70	.582	189.36	18.44
MEDICAL	201	320	13,809.99	43.16	.047	68.71	2.03
SURGERY	65	82	8,670.63	105.74	.012	133.39	1.27
PATHOLOGY	253	1,265	15,324.92	12.11	.186	60.57	2.25
RADIOLOGY	145	199	17,667.54	88.78	.029	121.85	2.60
ROOM USE	337	559	27,354.64	48.93	.082	81.17	4.02
CROSSOVERS/ALL OTH OUTPTNT	298	1,535	42,719.83	27.83	.225	143.36	6.27
@COUNTY HOSPITAL TOTAL	288	1,393	\$ 163,484.97	\$ 117.36	.205	\$ 567.66	\$ 24.01
CO HOSPITAL INPATIENT TOTAL	13	92	119,829.07	1302.49	.014	9217.62	17.60
HSC HOSPITALS	13	89	118,900.02	1335.96	.013	9146.16	17.46
NON-HSC HOSPITALS TOTAL	1	3	929.05	309.68	.000	929.05	.14
ACCOMMODATIONS	1	3	693.90	231.30	.000	693.90	.10
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	235.15	.00	.000	235.15	.03

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	283	1,301	43,655.90	33.56	.191	154.26	6.41
MEDICAL	129	202	7,648.25	37.86	.030	59.29	1.12
SURGERY	21	22	4,691.76	213.26	.003	223.42	.69
PATHOLOGY	98	497	5,623.93	11.32	.073	57.39	.83
RADIOLOGY	42	52	4,428.45	85.16	.008	105.44	.65
ROOM USE	176	291	14,178.77	48.72	.043	80.56	2.08
CROSSOVERS/ALL OTH OUTPTNT	70	237	7,084.74	29.89	.035	101.21	1.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,559
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

6,808 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	484	3,455	\$ 661,114.97	\$ 191.35	.507	\$ 1365.94	\$ 97.11
COMM HOSP INPATIENT TOTAL	110	796	579,223.32	727.67	.117	5265.67	85.08
HSC HOSPITALS	41	277	305,748.51	1103.79	.041	7457.28	44.91
NON-HSC HOSPITALS TOTAL	19	71	209,318.52	2948.15	.010	11016.76	30.75
ACCOMMODATIONS	19	71	26,947.16	379.54	.010	1418.27	3.96
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	19	71	26,947.16	379.54	.010	1418.27	3.96
ANCILLARIES	19	0	182,371.36	.00	.000	9598.49	26.79
INPATIENT CROSSOVERS	51	448	64,156.29	143.21	.066	1257.97	9.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	402	2,659	81,891.65	30.80	.391	203.71	12.03
MEDICAL	72	118	6,161.74	52.22	.017	85.58	.91
SURGERY	44	60	3,978.87	66.31	.009	90.43	.58
PATHOLOGY	158	768	9,700.99	12.63	.113	61.40	1.42
RADIOLOGY	103	147	13,239.09	90.06	.022	128.53	1.94
ROOM USE	172	268	13,175.87	49.16	.039	76.60	1.94
CROSSOVERS/ALL OTH OUTPTNT	233	1,298	35,635.09	27.45	.191	152.94	5.23
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	123	3,026	\$ 515,709.10	\$ 170.43	.444	\$ 4192.76	\$ 75.75
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	365	187,062.50	512.50	.054	15588.54	27.48
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	111	2,661	328,646.60	123.50	.391	2960.78	48.27
@INTERMEDIATE CARE FACIL.-DD	65	1,995	\$ 341,031.19	\$ 170.94	.293	\$ 5246.63	\$ 50.09
ICF DDH	23	703	104,866.51	149.17	.103	4559.41	15.40
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	42	1,292	236,164.68	182.79	.190	5622.97	34.69
@HEMODIALYSIS TOTAL	226	1,293	\$ 171,659.39	\$ 132.76	.190	\$ 759.55	\$ 25.21
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	226	1,293	171,659.39	132.76	.190	759.55	25.21
@REHABILITATION FACILITY	6	29	\$ 721.32	\$ 24.87	.004	\$ 120.22	\$.11
HOSPITAL BASED	1	5	191.52	38.30	.001	191.52	.03
INDEPENDENT FACILITY	5	24	529.80	22.08	.004	105.96	.08
@LABORATORY FACILITY	357	1,928	\$ 22,203.22	\$ 11.52	.283	\$ 62.19	\$ 3.26
PATHOLOGY	338	1,872	21,814.91	11.65	.275	64.54	3.20
XO AND OTHERS	19	56	388.31	6.93	.008	20.44	.06
@ORGANIZED OUTPATIENT CLINIC	566	1,006	\$ 72,912.38	\$ 72.48	.148	\$ 128.82	\$ 10.71
CLINIC	100	198	9,497.67	47.97	.029	94.98	1.40
SURGICENTER	41	135	7,121.99	52.76	.020	173.71	1.05
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 KERN COUNTY

441 673 56,292.72 83.64 .099 127.65 8.27
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,560
 FEE-FOR-SERVICE/DENTAL 01/29/04
 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

6,808 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,470	260,556	\$ 634,931.99	\$ 2.44	38.272	\$ 431.93	\$ 93.26
DURABLE MED. EQUIP.	125	521	88,351.64	169.58	.077	706.81	12.98
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	46	77	8,185.10	106.30	.011	177.94	1.20
MEDICAL TRANSPORTATION	274	29,866	104,536.88	3.50	4.387	381.52	15.36
AMBULANCES/AIR TRANS	136	1,825	24,696.39	13.53	.268	181.59	3.63
OTHER TRANS	141	27,781	73,958.38	2.66	4.081	524.53	10.86
OTHER SERVICES	8	260	5,882.11	22.62	.038	735.26	.86
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	41	593	41,102.87	69.31	.087	1002.51	6.04
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	129	5,887	205,876.28	34.97	.865	1595.94	30.24
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	153	363	10,561.02	29.09	.053	69.03	1.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	43	159	11,460.56	72.08	.023	266.52	1.68
PROSTHETICS	43	159	11,460.56	72.08	.023	266.52	1.68
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	44	65	5,091.44	78.33	.010	115.71	.75
HOSPICE SERVICES	1	3	338.61	112.87	.000	338.61	.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	253	26,180	83,637.30	3.19	3.845	330.58	12.29
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	685	196,841	75,685.29	.38	28.913	110.49	11.12
@CALIF. CHILDREN SERVICES*	208	40,706	\$ 241,129.41	\$ 5.92	5.979	\$ 1159.28	\$ 35.42
@XOVER EXCLUDING STATE HOSP**	1,344	28,723	\$ 310,152.41	\$ 10.80	4.219	\$ 230.77	\$ 45.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,561
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	

232,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	193,691	7,323,130	\$ 133,256,313.73	\$ 18.20	31.507	\$ 687.98	\$ 573.32
@PHYSICIANS SERVICES	58,843	265,382	\$ 8,052,330.22	\$ 30.34	1.142	\$ 136.84	\$ 34.64
OUTPATIENT VISITS	29,709	45,334	1,674,238.67	36.93	.195	56.35	7.20
OFFICE VISITS	23,046	33,821	1,051,250.76	31.08	.146	45.62	4.52
HOME VISITS	201	241	9,981.94	41.42	.001	49.66	.04
EMERGENCY ROOM	6,976	8,599	516,376.09	60.05	.037	74.02	2.22
PREVENTIVE CARE	12	12	479.17	39.93	.000	39.93	.00
OB VISITS/COMPRE PERI	256	927	33,386.45	36.02	.004	130.42	.14
OTHER OUTPATIENT	1,405	1,734	62,764.26	36.20	.007	44.67	.27
INPATIENT VISITS	4,355	30,477	1,319,898.73	43.31	.131	303.08	5.68
HOSPITAL VISITS	3,944	27,448	997,781.77	36.35	.118	252.99	4.29
CRITICAL CARE	358	2,066	286,899.02	138.87	.009	801.39	1.23
SNF/ICF/TRANS IP CARE	398	963	35,217.94	36.57	.004	88.49	.15
OPHTHALMOLOGICAL SERVICES	796	993	43,724.06	44.03	.004	54.93	.19
EXAMINATIONS	791	988	43,547.61	44.08	.004	55.05	.19
SERVICES AND MATERIALS	5	5	176.45	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	1,991	10,164	929,646.80	91.46	.044	466.92	4.00
PRINCIPAL SURGEON	1,500	2,299	729,630.77	317.37	.010	486.42	3.14
ASSISTANT SURGEON	144	170	37,708.36	221.81	.001	261.86	.16
ANESTHESIOLOGIST	604	7,695	162,307.67	21.09	.033	268.72	.70
OUTPATIENT SURGERY	3,310	8,618	679,404.81	78.84	.037	205.26	2.92
PRINCIPAL SURGEON	2,722	3,441	569,021.51	165.37	.015	209.05	2.45
ASSISTANT SURGEON	26	28	2,931.48	104.70	.000	112.75	.01
ANESTHESIOLOGIST	708	5,149	107,451.82	20.87	.022	151.77	.46
DIALYSIS	354	1,196	82,634.06	69.09	.005	233.43	.36
PATHOLOGY	7,214	26,509	207,211.90	7.82	.114	28.72	.89
RADIOLOGY	11,211	25,801	1,189,452.03	46.10	.111	106.10	5.12
PSYCHIATRY	3	7	212.61	30.37	.000	70.87	.00
IMMUNIZATION AND INJECTION	2,207	13,352	303,125.57	22.70	.057	137.35	1.30
OTHER SERVICES/ALL X-OVERS	26,904	102,931	1,622,780.98	15.77	.443	60.32	6.98

@PHARMACY	149,900	2,337,587	\$	62,283,947.42	\$	26.64	10.057	\$	415.50	\$	267.97
PRESCRIPTION DRUGS	147,545	695,799		59,235,452.80		85.13	2.994		401.47		254.85
SNF/ICF	4,417	28,896		2,287,852.98		79.18	.124		517.97		9.84
OUTPATIENTS	144,008	666,903		56,947,599.82		85.39	2.869		395.45		245.01
MEDICAL SUPPLIES	17,947	1,641,788		3,048,494.62		1.86	7.064		169.86		13.12
@DENTIST	17,776	93,869	\$	3,552,300.51	\$	37.84	.404	\$	199.84	\$	15.28
VISITS - DIAGNOSTIC	11,667	59,733		598,327.97		10.02	.257		51.28		2.57
ORAL SURGERY	2,997	9,126		505,139.96		55.35	.039		168.55		2.17
DRUGS	408	786		11,551.25		14.70	.003		28.31		.05
ANESTHESIA	407	415		38,125.00		91.87	.002		93.67		.16
PERIODONTICS	1,489	1,707		238,717.25		139.85	.007		160.32		1.03
ENDODONTICS	1,219	1,854		346,622.50		186.96	.008		284.35		1.49
RESTORATIVE DENTISTRY	5,004	13,383		1,048,839.75		78.37	.058		209.60		4.51
PROSTHETICS	113	125		3,730.00		29.84	.001		33.01		.02
DENTURES, STAYPLATES	1,925	5,847		723,343.98		123.71	.025		375.76		3.11
SPACE MAINTAINERS	41	57		6,493.00		113.91	.000		158.37		.03
MAXILLOFACIAL SERVICES	33	35		5,840.11		166.86	.000		176.97		.03
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	228	295		24,872.74		84.31	.001		109.09		.11
ALL OTHER SERVICES	411	506		697.00		1.38	.002		1.70		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 4,562
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED										

----- MONTHLY AVERAGE -----										
232,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@OPTOMETRIST	4,495	11,524	\$ 272,814.94	\$ 23.67	.050	\$ 60.69	\$ 1.17			
DIAGNOSTIC AND ANC. PROCED	2,767	2,815	129,226.32	45.91	.012	46.70	.56			
EYE APPLIANCES	2,794	8,094	129,249.68	15.97	.035	46.26	.56			
OTHER OPTOMETRIC SERVICES	472	615	14,338.94	23.32	.003	30.38	.06			
@CHIROPRACTOR	850	1,309	\$ 21,018.96	\$ 16.06	.006	\$ 24.73	\$.09			
VISITS	795	1,218	20,231.20	16.61	.005	25.45	.09			
OTHER SERVICES	55	91	787.76	8.66	.000	14.32	.00			
@PODIATRIST	2,268	4,186	\$ 68,581.97	\$ 16.38	.018	\$ 30.24	\$.30			
MEDICINE/INJECTIONS	1,018	1,177	32,251.61	27.40	.005	31.68	.14			
SURGERY/ANES.	49	56	3,495.11	62.41	.000	71.33	.02			
RADIO./PATHOLOGY	75	108	1,947.08	18.03	.000	25.96	.01			
OTHER	1,279	2,845	30,888.17	10.86	.012	24.15	.13			
@HOME HEALTH AGENCY	1,046	37,733	\$ 1,355,003.51	\$ 35.91	.162	\$ 1295.41	\$ 5.83			
NURSE ANESTHESIST	114	923	\$ 11,533.99	\$ 12.50	.004	\$ 101.18	\$.05			
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00			
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00			
FAMILY NURSE PRACTITIONER	3	3	\$ 64.32	\$ 21.44	.000	\$ 21.44	\$.00			
@TOTAL HOSPITAL	31,489	190,018	\$ 29,960,284.44	\$ 157.67	.818	\$ 951.45	\$ 128.90			
HOSP INPATIENT TOTAL	4,426	27,871	25,628,857.76	919.55	.120	5790.52	110.26			
HSC HOSPITALS	2,617	16,522	19,198,202.36	1161.98	.071	7335.96	82.60			
NON-HSC HOSPITAL TOTAL	591	3,645	5,305,607.25	1455.58	.016	8977.34	22.83			
ACCOMMODATIONS	589	3,645	1,169,953.76	320.97	.016	1986.34	5.03			
ADMINISTRATIVE DAYS	46	322	70,796.54	219.87	.001	1539.06	.30			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00			
ALL OTHER ACCOM	549	3,323	1,099,157.22	330.77	.014	2002.11	4.73			
ANCILLARIES	584	0	4,135,653.49	.00	.000	7081.60	17.79			
INPATIENT CROSSOVERS	1,289	7,704	1,123,776.09	145.87	.033	871.82	4.83			
ALL OTHER INPATIENT	2	0	1,272.06	.00	.000	636.03	.01			
HOSP OUTPATIENT TOTAL	28,587	162,147	4,331,426.68	26.71	.698	151.52	18.64			
MEDICAL	8,918	14,708	555,146.13	37.74	.063	62.25	2.39			
SURGERY	2,206	2,768	238,147.28	86.04	.012	107.95	1.02			
PATHOLOGY	11,982	60,350	732,741.99	12.14	.260	61.15	3.15			
RADIOLOGY	7,034	10,842	843,693.59	77.82	.047	119.95	3.63			
ROOM USE	14,550	23,056	943,444.72	40.92	.099	64.84	4.06			

CROSSOVERS/ALL OTH OUTPTNT	11,377	50,423		1,018,252.97		20.19	.217	89.50	4.38
@COUNTY HOSPITAL TOTAL	13,220	59,711	\$	6,644,026.62	\$	111.27	.257	\$ 502.57	\$ 28.59
CO HOSPITAL INPATIENT TOTAL	861	4,848		4,919,455.03		1014.74	.021	5713.65	21.17
HSC HOSPITALS	755	3,592		4,753,118.65		1323.25	.015	6295.52	20.45
NON-HSC HOSPITALS TOTAL	5	139		38,784.09		279.02	.001	7756.82	.17
ACCOMMODATIONS	5	139		29,432.93		211.75	.001	5886.59	.13
ADMINISTRATIVE DAYS	4	137		28,970.33		211.46	.001	7242.58	.12
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	1	2		462.60		231.30	.000	462.60	.00
ANCILLARIES	5	0		9,351.16		.00	.000	1870.23	.04
INPATIENT CROSSOVERS	103	1,117		127,552.29		114.19	.005	1238.37	.55
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12,781	54,863		1,724,571.59		31.43	.236	134.93	7.42
MEDICAL	5,576	8,570		275,490.02		32.15	.037	49.41	1.19
SURGERY	809	1,030		167,073.56		162.21	.004	206.52	.72
PATHOLOGY	4,414	21,600		251,023.16		11.62	.093	56.87	1.08
RADIOLOGY	2,313	3,460		338,652.59		97.88	.015	146.41	1.46
ROOM USE	8,235	13,355		523,870.07		39.23	.057	63.62	2.25
CROSSOVERS/ALL OTH OUTPTNT	2,788	6,848		168,462.19		24.60	.029	60.42	.72

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

PAGE 4,563

01/29/04

	232,430 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,756	130,307	\$	23,316,257.82	\$ 178.93	.561	\$ 1180.21	\$ 100.32
COMM HOSP INPATIENT TOTAL	3,608	23,023		20,709,402.73	899.51	.099	5739.86	89.10
HSC HOSPITALS	1,894	12,930		14,445,083.71	1117.18	.056	7626.76	62.15
NON-HSC HOSPITALS TOTAL	586	3,506		5,266,823.16	1502.23	.015	8987.75	22.66
ACCOMMODATIONS	584	3,506		1,140,520.83	325.31	.015	1952.95	4.91
ADMINISTRATIVE DAYS	42	185		41,826.21	226.09	.001	995.86	.18
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	548	3,321		1,098,694.62	330.83	.014	2004.92	4.73
ANCILLARIES	579	0		4,126,302.33	.00	.000	7126.60	17.75
INPATIENT CROSSOVERS	1,187	6,587		996,223.80	151.24	.028	839.28	4.29
ALL OTHER INPATIENT	2	0		1,272.06	.00	.000	636.03	.01
COMM HOSP OUTPATIENT TOTAL	17,084	107,284		2,606,855.09	24.30	.462	152.59	11.22
MEDICAL	3,509	6,138		279,656.11	45.56	.026	79.70	1.20
SURGERY	1,406	1,738		71,073.72	40.89	.007	50.55	.31
PATHOLOGY	7,844	38,750		481,718.83	12.43	.167	61.41	2.07
RADIOLOGY	4,862	7,382		505,041.00	68.42	.032	103.88	2.17
ROOM USE	6,859	9,701		419,574.65	43.25	.042	61.17	1.81
CROSSOVERS/ALL OTH OUTPTNT	8,744	43,575		849,790.78	19.50	.187	97.19	3.66
@STATE HOSPITAL	8	39	\$	32,479.89	\$ 832.82	.000	\$ 4059.99	\$.14
MENTALLY ILL	6	0		16,339.53	.00	.000	2723.26	.07
DEVELOP. DISABLED	2	39		16,140.36	413.86	.000	8070.18	.07
@NURSING FACILITY	1,799	47,365	\$	7,844,668.98	\$ 165.62	.204	\$ 4360.57	\$ 33.75
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	4	120		60,530.10	504.42	.001	15132.53	.26
LEV B-SUBACUTE HSPTL BASED	113	3,647		1,953,293.88	535.59	.016	17285.79	8.40
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1,697	43,598		5,830,845.00	133.74	.188	3435.97	25.09
@INTERMEDIATE CARE FACIL.-DD	789	24,098	\$	3,944,792.16	\$ 163.70	.104	\$ 4999.74	\$ 16.97
ICF DDH	432	13,065		1,947,767.90	149.08	.056	4508.72	8.38
ICF DD	12	365		47,371.58	129.79	.002	3947.63	.20
ICF DDN/DDCN	345	10,668		1,949,652.68	182.76	.046	5651.17	8.39
@HEMODIALYSIS TOTAL	2,073	21,198	\$	1,682,795.79	\$ 79.38	.091	\$ 811.77	\$ 7.24
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2,073	21,198		1,682,795.79	79.38	.091	811.77	7.24

@REHABILITATION FACILITY	65	171	\$	6,842.04	\$	40.01	.001	\$	105.26	\$	.03
HOSPITAL BASED	63	157		6,540.19		41.66	.001		103.81		.03
INDEPENDENT FACILITY	2	14		301.85		21.56	.000		150.93		.00
@LABORATORY FACILITY	12,464	59,900	\$	791,810.86	\$	13.22	.258	\$	63.53	\$	3.41
PATHOLOGY	11,657	56,882		742,318.15		13.05	.245		63.68		3.19
XO AND OTHERS	853	3,018		49,492.71		16.40	.013		58.02		.21
@ORGANIZED OUTPATIENT CLINIC	22,672	41,670	\$	3,036,504.43	\$	72.87	.179	\$	133.93	\$	13.06
CLINIC	3,563	7,162		197,330.81		27.55	.031		55.38		.85
SURGICENTER	730	2,664		121,871.37		45.75	.011		166.95		.52
HEROIN DETOX CLINIC	40	579		6,593.51		11.39	.002		164.84		.03
RURAL HEALTH CLINIC	18,554	31,265		2,710,708.74		86.70	.135		146.10		11.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 4,564
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED										

232,430 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	42,570	4,186,148	\$	10,338,423.99	\$ 2.47	18.010	\$ 242.86	\$ 44.48
DURABLE MED. EQUIP.	3,758	14,869		2,286,478.29	153.77	.064	608.43	9.84
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	347	482		92,700.17	192.32	.002	267.15	.40
MEDICAL TRANSPORTATION	6,726	194,333		1,238,901.47	6.38	.836	184.20	5.33
AMBULANCES/AIR TRANS	4,766	47,052		719,806.88	15.30	.202	151.03	3.10
OTHER TRANS	1,919	140,532		434,457.12	3.09	.605	226.40	1.87
OTHER SERVICES	328	6,749		84,637.47	12.54	.029	258.04	.36
ACUPUNCTURE	34	87		1,594.91	18.33	.000	46.91	.01
ADULT DAY HEALTH CARE CTR	1,502	21,932		1,518,051.03	69.22	.094	1010.69	6.53
GENETIC DISEASE TESTING	94	96		9,966.00	103.81	.000	106.02	.04
IHMC,MODEL-NF,NF,AIDS,MSSP	567	14,094		519,980.70	36.89	.061	917.07	2.24
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6,901	16,648		220,186.59	13.23	.072	31.91	.95
PHYSICAL THERAPIST	94	462		6,969.81	15.09	.002	74.15	.03
PORTABLE X-RAY	40	89		2,287.74	25.70	.000	57.19	.01
PROSTHETIST/ORTHOTISTS	1,253	3,207		310,539.66	96.83	.014	247.84	1.34
PROSTHETICS	1,180	3,080		302,074.30	98.08	.013	256.00	1.30
ORTHOTICS	78	127		8,465.36	66.66	.001	108.53	.04
PSYCHOLOGIST	129	353		11,349.62	32.15	.002	87.98	.05
SPEECH AND AUDIOLOGY	1,331	3,463		184,425.74	53.26	.015	138.56	.79
HOSPICE SERVICES	126	3,026		351,430.56	116.14	.013	2789.13	1.51
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10,607	437,361		2,081,920.45	4.76	1.882	196.28	8.96
EPSDT SUPPLEMENTAL SERVICE	3	1,090		26,788.05	24.58	.005	8929.35	.12
RESPIRATORY CARE PRACT.	3	7		115.31	16.47	.000	38.44	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13,762	3,474,556		1,474,853.20	.42	14.949	107.17	6.35
@CALIF. CHILDREN SERVICES*	6,085	475,419	\$	9,799,293.22	\$ 20.61	2.045	\$ 1610.40	\$ 42.16
@XOVER EXCLUDING STATE HOSP**	31,896	389,518	\$	4,943,871.13	\$ 12.69	1.676	\$ 155.00	\$ 21.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 4,565
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES										

95,085 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	121,099	721,739	\$	24,851,195.73	\$ 34.43	7.590	\$ 205.21	\$ 261.36
@PHYSICIANS SERVICES	14,636	38,541	\$	1,943,343.63	\$ 50.42	.405	\$ 132.78	\$ 20.44
OUTPATIENT VISITS	10,307	14,072		552,941.98	39.29	.148	53.65	5.82
OFFICE VISITS	6,799	8,788		304,909.22	34.70	.092	44.85	3.21

HOME VISITS	59	88	4,372.05	49.68	.001	74.10	.05
EMERGENCY ROOM	2,928	3,232	159,369.38	49.31	.034	54.43	1.68
PREVENTIVE CARE	191	194	7,460.26	38.45	.002	39.06	.08
OB VISITS/COMPRE PERI	461	1,373	61,748.15	44.97	.014	133.94	.65
OTHER OUTPATIENT	350	397	15,082.92	37.99	.004	43.09	.16
INPATIENT VISITS	1,046	5,752	584,494.22	101.62	.060	558.79	6.15
HOSPITAL VISITS	827	3,091	159,774.75	51.69	.033	193.20	1.68
CRITICAL CARE	279	2,657	424,549.82	159.79	.028	1521.68	4.46
SNF/ICF/TRANS IP CARE	3	4	169.65	42.41	.000	56.55	.00
OPHTHALMOLOGICAL SERVICES	109	114	5,571.01	48.87	.001	51.11	.06
EXAMINATIONS	105	110	5,468.42	49.71	.001	52.08	.06
SERVICES AND MATERIALS	4	4	102.59	25.65	.000	25.65	.00
INPATIENT HOSPITAL SURGERY	577	2,674	311,756.51	116.59	.028	540.31	3.28
PRINCIPAL SURGEON	397	531	250,658.01	472.05	.006	631.38	2.64
ASSISTANT SURGEON	36	37	6,966.75	188.29	.000	193.52	.07
ANESTHESIOLOGIST	202	2,106	54,131.75	25.70	.022	267.98	.57

OUTPATIENT SURGERY	840	1,625		137,220.91		84.44	.017	163.36	1.44
PRINCIPAL SURGEON	727	869		117,158.11		134.82	.009	161.15	1.23
ASSISTANT SURGEON	3	3		712.33		237.44	.000	237.44	.01
ANESTHESIOLOGIST	166	753		19,350.47		25.70	.008	116.57	.20
DIALYSIS	7	27		2,469.08		91.45	.000	352.73	.03
PATHOLOGY	1,713	4,771		46,270.74		9.70	.050	27.01	.49
RADIOLOGY	2,866	4,962		167,950.58		33.85	.052	58.60	1.77
PSYCHIATRY	26	51		1,921.47		37.68	.001	73.90	.02
IMMUNIZATION AND INJECTION	311	577		11,129.34		19.29	.006	35.79	.12
OTHER SERVICES/ALL X-OVERS	1,741	3,916		121,617.79		31.06	.041	69.86	1.28
@PHARMACY	18,985	88,384	\$	2,592,271.70	\$	29.33	.930	\$ 136.54	\$ 27.26
PRESCRIPTION DRUGS	18,746	42,266		2,477,071.87		58.61	.445	132.14	26.05
SNF/ICF	132	449		40,163.96		89.45	.005	304.27	.42
OUTPATIENTS	18,635	41,817		2,436,907.91		58.28	.440	130.77	25.63
MEDICAL SUPPLIES	804	46,118		115,199.83		2.50	.485	143.28	1.21
@DENTIST	36,038	238,981	\$	6,157,991.05	\$	25.77	2.513	\$ 170.87	\$ 64.76
VISITS - DIAGNOSTIC	26,468	167,090		1,833,365.62		10.97	1.757	69.27	19.28
ORAL SURGERY	5,706	11,931		650,636.45		54.53	.125	114.03	6.84
DRUGS	1,874	2,253		47,302.00		21.00	.024	25.24	.50
ANESTHESIA	438	443		41,175.00		92.95	.005	94.01	.43
PERIODONTICS	708	746		102,813.00		137.82	.008	145.22	1.08
ENDODONTICS	3,680	6,916		723,191.35		104.57	.073	196.52	7.61
RESTORATIVE DENTISTRY	13,819	44,107		2,389,380.00		54.17	.464	172.91	25.13
PROSTHETICS	61	66		1,470.00		22.27	.001	24.10	.02
DENTURES, STAYPLATES	320	1,251		111,392.68		89.04	.013	348.10	1.17
SPACE MAINTAINERS	710	929		100,141.37		107.79	.010	141.04	1.05
MAXILLOFACIAL SERVICES	63	67		4,718.46		70.42	.001	74.90	.05
FRACTURES, DISLOCATIONS	2	2		60.00		30.00	.000	30.00	.00
ORTHODONTIC SERVICES	1,576	1,937		146,551.12		75.66	.020	92.99	1.54
ALL OTHER SERVICES	837	1,243		5,794.00		4.66	.013	6.92	.06
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95,085 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,298	3,289	\$ 77,677.79	\$ 23.62	.035	\$ 59.84	\$.82
DIAGNOSTIC AND ANC. PROCED	969	978	44,533.42	45.54	.010	45.96	.47
EYE APPLIANCES	746	2,255	30,761.18	13.64	.024	41.23	.32
OTHER OPTOMETRIC SERVICES	54	56	2,383.19	42.56	.001	44.13	.03
@CHIROPRACTOR	764	1,115	\$ 18,492.32	\$ 16.59	.012	\$ 24.20	\$.19
VISITS	764	1,115	18,492.32	16.59	.012	24.20	.19
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	55	96	\$ 3,549.43	\$ 36.97	.001	\$ 64.54	\$.04
MEDICINE/INJECTIONS	49	62	2,208.20	35.62	.001	45.07	.02
SURGERY/ANES.	7	12	465.16	38.76	.000	66.45	.00
RADIO./PATHOLOGY	6	11	190.30	17.30	.000	31.72	.00
OTHER	5	11	685.77	62.34	.000	137.15	.01
@HOME HEALTH AGENCY	102	408	\$ 24,695.36	\$ 60.53	.004	\$ 242.11	\$.26
NURSE ANESTHESIST	103	484	\$ 10,834.46	\$ 22.39	.005	\$ 105.19	\$.11
NURSE MIDWIFE	2	2	\$ 120.96	\$ 60.48	.000	\$ 60.48	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	6	9	\$ 241.04	\$ 26.78	.000	\$ 40.17	\$.00
@TOTAL HOSPITAL	9,957	36,175	\$ 8,605,633.98	\$ 237.89	.380	\$ 864.28	\$ 90.50
HOSP INPATIENT TOTAL	913	5,420	7,692,482.39	1419.28	.057	8425.50	80.90
HSC HOSPITALS	694	4,543	6,580,234.35	1448.43	.048	9481.61	69.20
NON-HSC HOSPITAL TOTAL	223	877	1,112,248.04	1268.24	.009	4987.66	11.70
ACCOMMODATIONS	223	877	332,035.30	378.60	.009	1488.95	3.49
ADMINISTRATIVE DAYS	1	1	230.29	230.29	.000	230.29	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	222	876	331,805.01	378.77	.009	1494.62	3.49
ANCILLARIES	223	0	780,212.74	.00	.000	3498.71	8.21
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9,324	30,755	913,151.59	29.69	.323	97.94	9.60
MEDICAL	2,374	3,252	130,413.37	40.10	.034	54.93	1.37
SURGERY	572	645	64,753.30	100.39	.007	113.21	.68
PATHOLOGY	3,095	10,960	127,769.14	11.66	.115	41.28	1.34
RADIOLOGY	2,120	2,955	179,365.18	60.70	.031	84.61	1.89
ROOM USE	5,315	6,618	271,179.79	40.98	.070	51.02	2.85
CROSSOVERS/ALL OTH OUTPTNT	3,125	6,325	139,670.81	22.08	.067	44.69	1.47
@COUNTY HOSPITAL TOTAL	3,583	10,230	\$ 3,285,572.30	\$ 321.17	.108	\$ 916.99	\$ 34.55
CO HOSPITAL INPATIENT TOTAL	357	2,256	2,996,050.99	1328.04	.024	8392.30	31.51
HSC HOSPITALS	357	2,256	2,996,050.99	1328.04	.024	8392.30	31.51
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3,336	7,974	289,521.31	36.31	.084	86.79	3.04
MEDICAL	985	1,199	46,754.72	38.99	.013	47.47	.49
SURGERY	173	209	44,112.20	211.06	.002	254.98	.46
PATHOLOGY	669	2,217	23,574.02	10.63	.023	35.24	.25
RADIOLOGY	414	553	37,007.82	66.92	.006	89.39	.39
ROOM USE	1,800	2,251	90,428.54	40.17	.024	50.24	.95
CROSSOVERS/ALL OTH OUTPTNT	974	1,545	47,644.01	30.84	.016	48.92	.50
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95,085 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,589	25,945	\$ 5,320,061.68	\$ 205.05	.273	\$ 807.42	\$ 55.95
COMM HOSP INPATIENT TOTAL	562	3,164	4,696,431.40	1484.33	.033	8356.64	49.39
HSC HOSPITALS	342	2,287	3,584,183.36	1567.20	.024	10480.07	37.69
NON-HSC HOSPITALS TOTAL	223	877	1,112,248.04	1268.24	.009	4987.66	11.70
ACCOMMODATIONS	223	877	332,035.30	378.60	.009	1488.95	3.49
ADMINISTRATIVE DAYS	1	1	230.29	230.29	.000	230.29	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	222	876	331,805.01	378.77	.009	1494.62	3.49
ANCILLARIES	223	0	780,212.74	.00	.000	3498.71	8.21
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,175	22,781	623,630.28	27.38	.240	100.99	6.56
MEDICAL	1,407	2,053	83,658.65	40.75	.022	59.46	.88
SURGERY	402	436	20,641.10	47.34	.005	51.35	.22
PATHOLOGY	2,445	8,743	104,195.12	11.92	.092	42.62	1.10
RADIOLOGY	1,730	2,402	142,357.36	59.27	.025	82.29	1.50
ROOM USE	3,609	4,367	180,751.25	41.39	.046	50.08	1.90
CROSSOVERS/ALL OTH OUTPTNT	2,170	4,780	92,026.80	19.25	.050	42.41	.97
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	9	\$ 3,342.96	\$ 371.44	.000	\$ 3342.96	\$.04
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	9	3,342.96	371.44	.000	3342.96	.04

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	12	363	\$ 66,337.92	\$ 182.75	.004	\$ 5528.16	\$.70
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	363	66,337.92	182.75	.004	5528.16	.70
@HEMODIALYSIS TOTAL	15	536	\$ 20,237.64	\$ 37.76	.006	\$ 1349.18	\$.21
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	536	20,237.64	37.76	.006	1349.18	.21
@REHABILITATION FACILITY	15	41	\$ 1,555.41	\$ 37.94	.000	\$ 103.69	\$.02
HOSPITAL BASED	15	41	1,555.41	37.94	.000	103.69	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,463	8,707	\$ 116,018.25	\$ 13.32	.092	\$ 47.10	\$ 1.22
PATHOLOGY	2,460	8,704	115,934.83	13.32	.092	47.13	1.22
XO AND OTHERS	3	3	83.42	27.81	.000	27.81	.00
@ORGANIZED OUTPATIENT CLINIC	30,602	45,567	\$ 3,481,478.48	\$ 76.40	.479	\$ 113.77	\$ 36.61
CLINIC	1,107	2,217	63,820.84	28.79	.023	57.65	.67
SURGICENTER	16	83	2,891.00	34.83	.001	180.69	.03
HEROIN DETOX CLINIC	3	47	565.58	12.03	.000	188.53	.01
RURAL HEALTH CLINIC	29,497	43,220	3,414,201.06	79.00	.455	115.75	35.91
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95,085 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	31,021	259,032	\$ 1,727,373.35	\$ 6.67	2.724	\$ 55.68	\$ 18.17
DURABLE MED. EQUIP.	154	474	35,395.49	74.67	.005	229.84	.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	654	11,713	245,746.81	20.98	.123	375.76	2.58
AMBULANCES/AIR TRANS	647	11,606	163,144.17	14.06	.122	252.15	1.72
OTHER TRANS	6	61	323.64	5.31	.001	53.94	.00
OTHER SERVICES	43	46	82,279.00	1788.67	.000	1913.47	.87
ACUPUNCTURE	4	19	332.51	17.50	.000	83.13	.00
ADULT DAY HEALTH CARE CTR	9	76	5,272.91	69.38	.001	585.88	.06
GENETIC DISEASE TESTING	434	434	44,612.00	102.79	.005	102.79	.47
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5,016	10,748	101,040.97	9.40	.113	20.14	1.06
PHYSICAL THERAPIST	3	12	230.50	19.21	.000	76.83	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	77	169	23,803.01	140.85	.002	309.13	.25
PROSTHETICS	55	145	22,203.14	153.13	.002	403.69	.23
ORTHOTICS	22	24	1,599.87	66.66	.000	72.72	.02
PSYCHOLOGIST	337	1,858	122,707.57	66.04	.020	364.12	1.29
SPEECH AND AUDIOLOGY	115	415	17,560.25	42.31	.004	152.70	.18
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	24,448	123,118	1,096,276.21	8.90	1.295	44.84	11.53
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	166	109,996	34,395.12	.31	1.157	207.20	.36
@CALIF. CHILDREN SERVICES*	3,223	53,416	\$ 7,204,037.38	\$ 134.87	.562	\$ 2235.20	\$ 75.76
@XOVER EXCLUDING STATE HOSP**	15	75	\$ 3,555.92	\$ 47.41	.001	\$ 237.06	\$.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

404,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	372,356	9,777,969	\$ 188,959,374.85	\$ 19.33	24.178	\$	507.47	\$ 467.24
@PHYSICIANS SERVICES	86,864	369,467	\$ 10,840,394.06	\$ 29.34	.914	\$	124.80	\$ 26.81
OUTPATIENT VISITS	40,939	60,752	2,276,817.50	37.48	.150		55.61	5.63
OFFICE VISITS	30,625	43,696	1,390,516.92	31.82	.108		45.40	3.44
HOME VISITS	263	332	14,514.09	43.72	.001		55.19	.04
EMERGENCY ROOM	10,078	12,035	689,043.51	57.25	.030		68.37	1.70
PREVENTIVE CARE	204	207	7,983.28	38.57	.001		39.13	.02
OB VISITS/COMPRE PERI	718	2,301	95,229.33	41.39	.006		132.63	.24
OTHER OUTPATIENT	1,797	2,181	79,530.37	36.47	.005		44.26	.20
INPATIENT VISITS	5,531	37,410	1,940,617.35	51.87	.093		350.86	4.80
HOSPITAL VISITS	4,883	31,616	1,187,394.64	37.56	.078		243.17	2.94
CRITICAL CARE	651	4,762	715,738.92	150.30	.012		1099.45	1.77
SNF/ICF/TRANS IP CARE	417	1,032	37,483.79	36.32	.003		89.89	.09
OPHTHALMOLOGICAL SERVICES	1,023	1,279	56,512.40	44.18	.003		55.24	.14
EXAMINATIONS	1,013	1,269	56,196.96	44.28	.003		55.48	.14
SERVICES AND MATERIALS	10	10	315.44	31.54	.000		31.54	.00
INPATIENT HOSPITAL SURGERY	2,629	12,856	1,269,538.52	98.75	.032		482.90	3.14
PRINCIPAL SURGEON	1,946	2,908	1,004,010.48	345.26	.007		515.94	2.48
ASSISTANT SURGEON	184	211	45,349.86	214.93	.001		246.47	.11
ANESTHESIOLOGIST	820	9,737	220,178.18	22.61	.024		268.51	.54
OUTPATIENT SURGERY	4,281	10,632	850,769.35	80.02	.026		198.73	2.10
PRINCIPAL SURGEON	3,550	4,445	715,476.69	160.96	.011		201.54	1.77
ASSISTANT SURGEON	31	33	3,815.12	115.61	.000		123.07	.01
ANESTHESIOLOGIST	904	6,154	131,477.54	21.36	.015		145.44	.33
DIALYSIS	400	1,343	94,090.10	70.06	.003		235.23	.23
PATHOLOGY	9,226	32,317	258,939.01	8.01	.080		28.07	.64
RADIOLOGY	14,405	31,513	1,387,016.59	44.01	.078		96.29	3.43
PSYCHIATRY	29	58	2,134.08	36.79	.000		73.59	.01
IMMUNIZATION AND INJECTION	2,571	14,046	315,330.46	22.45	.035		122.65	.78
OTHER SERVICES/ALL X-OVERS	40,918	167,261	2,388,628.70	14.28	.414		58.38	5.91
@PHARMACY	218,829	3,090,644	\$ 80,016,176.65	\$ 25.89	7.642	\$	365.66	\$ 197.86
PRESCRIPTION DRUGS	215,415	947,717	76,217,989.15	80.42	2.343		353.82	188.47
SNF/ICF	6,110	40,568	2,914,753.95	71.85	.100		477.05	7.21
OUTPATIENTS	210,354	907,149	73,303,235.20	80.81	2.243		348.48	181.26
MEDICAL SUPPLIES	24,796	2,142,927	3,798,187.50	1.77	5.299		153.18	9.39
@DENTIST	56,707	346,252	\$ 10,368,660.01	\$ 29.95	.856	\$	182.85	\$ 25.64
VISITS - DIAGNOSTIC	39,887	234,546	2,506,905.34	10.69	.580		62.85	6.20
ORAL SURGERY	9,165	22,486	1,228,091.41	54.62	.056		134.00	3.04
DRUGS	2,304	3,088	59,553.25	19.29	.008		25.85	.15
ANESTHESIA	882	897	82,900.00	92.42	.002		93.99	.20
PERIODONTICS	2,405	2,683	375,713.25	140.03	.007		156.22	.93
ENDODONTICS	5,023	8,961	1,110,231.85	123.90	.022		221.03	2.75
RESTORATIVE DENTISTRY	19,455	59,117	3,592,297.75	60.77	.146		184.65	8.88
PROSTHETICS	205	223	6,070.00	27.22	.001		29.61	.02
DENTURES, STAYPLATES	2,977	9,030	1,110,860.27	123.02	.022		373.15	2.75
SPACE MAINTAINERS	752	987	106,754.37	108.16	.002		141.96	.26
MAXILLOFACIAL SERVICES	97	103	11,167.66	108.42	.000		115.13	.03
FRACTURES, DISLOCATIONS	2	2	200.00	100.00	.000		100.00	.00
ORTHODONTIC SERVICES	1,810	2,241	171,423.86	76.49	.006		94.71	.42
ALL OTHER SERVICES	1,298	1,888	6,491.00	3.44	.005		5.00	.02

404,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	7,406	19,046	\$	442,180.60	\$ 23.22	.047	\$ 59.71	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	4,206	4,265		195,958.42	45.95	.011	46.59	.48
EYE APPLIANCES	4,665	13,558		218,263.00	16.10	.034	46.79	.54
OTHER OPTOMETRIC SERVICES	932	1,223		27,959.18	22.86	.003	30.00	.07
@CHIROPRACTOR	1,645	2,479	\$	40,158.81	\$ 16.20	.006	\$ 24.41	\$.10
VISITS	1,572	2,356		39,108.08	16.60	.006	24.88	.10
OTHER SERVICES	73	123		1,050.73	8.54	.000	14.39	.00
@PODIATRIST	3,218	6,308	\$	87,929.01	\$ 13.94	.016	\$ 27.32	\$.22
MEDICINE/INJECTIONS	1,078	1,251		34,839.54	27.85	.003	32.32	.09
SURGERY/ANES.	56	68		3,960.27	58.24	.000	70.72	.01
RADIO./PATHOLOGY	81	119		2,137.38	17.96	.000	26.39	.01
OTHER	2,168	4,870		46,991.82	9.65	.012	21.68	.12
@HOME HEALTH AGENCY	1,214	45,269	\$	1,596,527.94	\$ 35.27	.112	\$ 1315.10	\$ 3.95
NURSE ANESTHESIST	223	1,427	\$	22,847.27	\$ 16.01	.004	\$ 102.45	\$.06

NURSE MIDWIFE	2	2	\$	120.96	\$	60.48	.000	\$	60.48	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	9	12	\$	305.36	\$	25.45	.000	\$	33.93	\$	.00
@TOTAL HOSPITAL	45,433	251,013	\$	41,968,020.55	\$	167.19	.621	\$	923.73	\$	103.78
HOSP INPATIENT TOTAL	6,430	40,196		36,334,300.33		903.93	.099		5650.75		89.84
HSC HOSPITALS	3,523	22,828		27,413,481.98		1200.87	.056		7781.29		67.79
NON-HSC HOSPITAL TOTAL	894	5,050		7,106,618.54		1407.25	.012		7949.24		17.57
ACCOMMODATIONS	892	5,050		1,618,024.92		320.40	.012		1813.93		4.00
ADMINISTRATIVE DAYS	51	364		80,455.59		221.03	.001		1577.56		.20
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	847	4,686		1,537,569.33		328.12	.012		1815.31		3.80
ANCILLARIES	885	0		5,488,593.62		.00	.000		6201.80		13.57
INPATIENT CROSSOVERS	2,093	12,318		1,812,927.75		147.18	.030		866.19		4.48
ALL OTHER INPATIENT	2	0		1,272.06		.00	.000		636.03		.00
HOSP OUTPATIENT TOTAL	40,980	210,817		5,633,720.22		26.72	.521		137.47		13.93
MEDICAL	11,516	18,320		700,362.79		38.23	.045		60.82		1.73
SURGERY	2,844	3,496		311,625.48		89.14	.009		109.57		.77
PATHOLOGY	15,369	72,768		877,922.25		12.06	.180		57.12		2.17
RADIOLOGY	9,327	14,029		1,043,093.80		74.35	.035		111.84		2.58
ROOM USE	20,242	30,283		1,243,885.26		41.08	.075		61.45		3.08
CROSSOVERS/ALL OTH OUTPTNT	17,145	71,921		1,456,830.64		20.26	.178		84.97		3.60
@COUNTY HOSPITAL TOTAL	17,368	71,967	\$	10,131,413.02	\$	140.78	.178	\$	583.34	\$	25.05
CO HOSPITAL INPATIENT TOTAL	1,244	7,257		8,059,345.42		1110.56	.018		6478.57		19.93
HSC HOSPITALS	1,129	5,950		7,884,963.29		1325.20	.015		6984.02		19.50
NON-HSC HOSPITALS TOTAL	6	142		39,713.14		279.67	.000		6618.86		.10
ACCOMMODATIONS	6	142		30,126.83		212.16	.000		5021.14		.07
ADMINISTRATIVE DAYS	5	140		29,664.23		211.89	.000		5932.85		.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		462.60		231.30	.000		462.60		.00
ANCILLARIES	6	0		9,586.31		.00	.000		1597.72		.02
INPATIENT CROSSOVERS	112	1,165		134,668.99		115.60	.003		1202.40		.33
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	16,666	64,710		2,072,067.60		32.02	.160		124.33		5.12
MEDICAL	6,704	9,995		330,651.01		33.08	.025		49.32		.82
SURGERY	1,003	1,261		215,877.52		171.20	.003		215.23		.53
PATHOLOGY	5,192	24,371		280,847.00		11.52	.060		54.09		.69
RADIOLOGY	2,779	4,077		380,928.06		93.43	.010		137.07		.94
ROOM USE	10,238	15,931		629,718.02		39.53	.039		61.51		1.56
CROSSOVERS/ALL OTH OUTPTNT	4,064	9,075		234,045.99		25.79	.022		57.59		.58
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 4,571
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL										

				----- MONTHLY AVERAGE -----							
404,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@COMMUNITY HOSPITAL TOTAL	29,814	179,046	\$ 31,836,607.53	\$ 177.81	.443	\$ 1067.84	\$ 78.72				
COMM HOSP INPATIENT TOTAL	5,237	32,939	28,274,954.91	858.40	.081	5399.07	69.92				
HSC HOSPITALS	2,432	16,878	19,528,518.69	1157.04	.042	8029.82	48.29				
NON-HSC HOSPITALS TOTAL	888	4,908	7,066,905.40	1439.87	.012	7958.23	17.47				
ACCOMMODATIONS	886	4,908	1,587,898.09	323.53	.012	1792.21	3.93				
ADMINISTRATIVE DAYS	46	224	50,791.36	226.75	.001	1104.16	.13				
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00				
ALL OTHER ACCOM	846	4,684	1,537,106.73	328.16	.012	1816.91	3.80				
ANCILLARIES	879	0	5,479,007.31	.00	.000	6233.23	13.55				
INPATIENT CROSSOVERS	1,982	11,153	1,678,258.76	150.48	.028	846.75	4.15				
ALL OTHER INPATIENT	2	0	1,272.06	.00	.000	636.03	.00				
COMM HOSP OUTPATIENT TOTAL	25,814	146,107	3,561,652.62	24.38	.361	137.97	8.81				
MEDICAL	4,997	8,325	369,711.78	44.41	.021	73.99	.91				
SURGERY	1,853	2,235	95,747.96	42.84	.006	51.67	.24				
PATHOLOGY	10,476	48,397	597,075.25	12.34	.120	56.99	1.48				

RADIOLOGY	6,713	9,952		662,165.74		66.54	.025	98.64	1.64
ROOM USE	10,654	14,352		614,167.24		42.79	.035	57.65	1.52
CROSSOVERS/ALL OTH OUTPTNT	13,272	62,846		1,222,784.65		19.46	.155	92.13	3.02
@STATE HOSPITAL	8	39	\$	32,479.89	\$	832.82	.000	\$ 4059.99	\$.08
MENTALLY ILL	6	0		16,339.53		.00	.000	2723.26	.04
DEVELOP. DISABLED	2	39		16,140.36		413.86	.000	8070.18	.04
@NURSING FACILITY	3,559	90,976	\$	14,384,964.76	\$	158.12	.225	\$ 4041.86	\$ 35.57
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	6	129		63,873.06		495.14	.000	10645.51	.16
LEV B-SUBACUTE HSPTL BASED	150	4,824		2,525,800.27		523.59	.012	16838.67	6.25
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	3,436	86,023		11,795,291.43		137.12	.213	3432.86	29.17
@INTERMEDIATE CARE FACIL.-DD	866	26,456	\$	4,352,161.27	\$	164.51	.065	\$ 5025.59	\$ 10.76
ICF DDH	455	13,768		2,052,634.41		149.09	.034	4511.28	5.08
ICF DD	12	365		47,371.58		129.79	.001	3947.63	.12
ICF DDN/DDCN	399	12,323		2,252,155.28		182.76	.030	5644.50	5.57
@HEMODIALYSIS TOTAL	2,789	23,576	\$	2,119,309.01	\$	89.89	.058	\$ 759.88	\$ 5.24
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	2,789	23,576		2,119,309.01		89.89	.058	759.88	5.24
@REHABILITATION FACILITY	86	241	\$	9,118.77	\$	37.84	.001	\$ 106.03	\$.02
HOSPITAL BASED	79	203		8,287.12		40.82	.001	104.90	.02
INDEPENDENT FACILITY	7	38		831.65		21.89	.000	118.81	.00
@LABORATORY FACILITY	16,318	73,379	\$	951,943.72	\$	12.97	.181	\$ 58.34	\$ 2.35
PATHOLOGY	14,960	68,584		892,549.21		13.01	.170	59.66	2.21
XO AND OTHERS	1,406	4,795		59,394.51		12.39	.012	42.24	.15
@ORGANIZED OUTPATIENT CLINIC	57,377	93,730	\$	6,848,669.68	\$	73.07	.232	\$ 119.36	\$ 16.93
CLINIC	4,805	9,765		274,550.33		28.12	.024	57.14	.68
SURGICENTER	1,128	3,362		189,355.82		56.32	.008	167.87	.47
HEROIN DETOX CLINIC	45	646		7,337.39		11.36	.002	163.05	.02
RURAL HEALTH CLINIC	51,682	79,957		6,377,426.14		79.76	.198	123.40	15.77
#CALIF DEPT OF HEALTH SERV									
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				----- MONTHLY AVERAGE -----			
404,412 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	86,073	5,337,646	\$ 14,877,291.22	\$ 2.79	13.199	\$ 172.85	\$ 36.79
DURABLE MED. EQUIP.	4,400	17,211	2,500,090.66	145.26	.043	568.20	6.18
BLOOD BANK	1	4	382.50	95.63	.000	382.50	.00
HEARING AID DISPENSERS	710	983	206,362.17	209.93	.002	290.65	.51
MEDICAL TRANSPORTATION	8,844	300,350	1,814,370.82	6.04	.743	205.15	4.49
AMBULANCES/AIR TRANS	5,655	60,862	919,906.23	15.11	.150	162.67	2.27
OTHER TRANS	3,017	229,375	710,838.04	3.10	.567	235.61	1.76
OTHER SERVICES	537	10,113	183,626.55	18.16	.025	341.95	.45
ACUPUNCTURE	83	248	4,405.45	17.76	.001	53.08	.01
ADULT DAY HEALTH CARE CTR	2,232	33,184	2,296,306.98	69.20	.082	1028.81	5.68
GENETIC DISEASE TESTING	529	531	54,683.00	102.98	.001	103.37	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	1,625	25,222	1,110,214.07	44.02	.062	683.21	2.75
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13,865	31,985	390,903.19	12.22	.079	28.19	.97
PHYSICAL THERAPIST	99	481	7,233.08	15.04	.001	73.06	.02
PORTABLE X-RAY	49	107	2,391.10	22.35	.000	48.80	.01
PROSTHETIST/ORTHOTISTS	1,545	3,871	356,394.46	92.07	.010	230.68	.88
PROSTHETICS	1,446	3,712	346,082.05	93.23	.009	239.34	.86
ORTHOTICS	104	159	10,312.41	64.86	.000	99.16	.03
PSYCHOLOGIST	466	2,211	134,057.19	60.63	.005	287.68	.33
SPEECH AND AUDIOLOGY	1,678	4,294	247,199.88	57.57	.011	147.32	.61
HOSPICE SERVICES	152	3,421	395,992.42	115.75	.008	2605.21	.98
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	35,309	586,661	3,261,853.10	5.56	1.451	92.38	8.07
EPSDT SUPPLEMENTAL SERVICE	4	1,162	28,515.69	24.54	.003	7128.92	.07
RESPIRATORY CARE PRACT.	3	7	115.31	16.47	.000	38.44	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	21,290	4,325,720	2,065,935.46	.48	10.696	97.04	5.11
@CALIF. CHILDREN SERVICES*	9,518	569,543	\$ 17,244,513.01	\$ 30.28	1.408	\$ 1811.78	\$ 42.64
@XOVER EXCLUDING STATE HOSP**	53,052	704,172	\$ 8,242,616.85	\$ 11.71	1.741	\$ 155.37	\$ 20.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,573
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

26,065 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19,311	405,291	\$ 10,058,635.61	\$ 24.82	15.549	\$ 520.88	\$ 385.91
@PHYSICIANS SERVICES	4,838	24,895	\$ 569,380.61	\$ 22.87	.955	\$ 117.69	\$ 21.84
OUTPATIENT VISITS	993	1,475	55,388.92	37.55	.057	55.78	2.13
OFFICE VISITS	878	1,291	41,875.05	32.44	.050	47.69	1.61
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	150	174	13,314.27	76.52	.007	88.76	.51
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	10	199.60	19.96	.000	22.18	.01
INPATIENT VISITS	163	2,592	73,756.54	28.46	.099	452.49	2.83
HOSPITAL VISITS	154	2,465	60,420.02	24.51	.095	392.34	2.32
CRITICAL CARE	23	107	12,576.10	117.53	.004	546.79	.48
SNF/ICF/TRANS IP CARE	15	20	760.42	38.02	.001	50.69	.03
OPHTHALMOLOGICAL SERVICES	74	89	3,540.44	39.78	.003	47.84	.14
EXAMINATIONS	74	89	3,540.44	39.78	.003	47.84	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	81	460	37,880.60	82.35	.018	467.66	1.45
PRINCIPAL SURGEON	64	110	27,948.69	254.08	.004	436.70	1.07
ASSISTANT SURGEON	9	9	2,318.38	257.60	.000	257.60	.09
ANESTHESIOLOGIST	25	341	7,613.53	22.33	.013	304.54	.29
OUTPATIENT SURGERY	144	449	51,567.94	114.85	.017	358.11	1.98
PRINCIPAL SURGEON	121	181	46,042.07	254.38	.007	380.51	1.77
ASSISTANT SURGEON	1	1	118.02	118.02	.000	118.02	.00
ANESTHESIOLOGIST	35	267	5,407.85	20.25	.010	154.51	.21
DIALYSIS	77	275	17,655.98	64.20	.011	229.30	.68
PATHOLOGY	290	1,621	8,717.12	5.38	.062	30.06	.33
RADIOLOGY	450	1,273	59,047.54	46.38	.049	131.22	2.27
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	88	1,366	41,790.65	30.59	.052	474.89	1.60
OTHER SERVICES/ALL X-OVERS	3,746	15,295	220,034.88	14.39	.587	58.74	8.44
@PHARMACY	15,930	153,098	\$ 4,332,649.71	\$ 28.30	5.874	\$ 271.98	\$ 166.22
PRESCRIPTION DRUGS	15,727	66,583	4,207,589.93	63.19	2.554	267.54	161.43
SNF/ICF	603	4,426	219,438.39	49.58	.170	363.91	8.42
OUTPATIENTS	15,195	62,157	3,988,151.54	64.16	2.385	262.46	153.01
MEDICAL SUPPLIES	1,428	86,515	125,059.78	1.45	3.319	87.58	4.80
@DENTIST	1,181	5,702	\$ 275,771.43	\$ 48.36	.219	\$ 233.51	\$ 10.58
VISITS - DIAGNOSTIC	709	3,008	32,312.45	10.74	.115	45.57	1.24
ORAL SURGERY	217	895	41,976.50	46.90	.034	193.44	1.61
DRUGS	14	36	390.00	10.83	.001	27.86	.01
ANESTHESIA	21	21	1,900.00	90.48	.001	90.48	.07
PERIODONTICS	77	78	10,874.00	139.41	.003	141.22	.42
ENDODONTICS	54	75	17,042.00	227.23	.003	315.59	.65
RESTORATIVE DENTISTRY	228	602	47,568.50	79.02	.023	208.63	1.82
PROSTHETICS	10	10	326.70	32.67	.000	32.67	.01

DENTURES, STAYPLATES	303	942	123,381.28	130.98	.036	407.20	4.73
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	28	35	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,574
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

26,065 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	503	1,342	\$ 28,695.33	\$ 21.38	.051	\$ 57.05	\$ 1.10
DIAGNOSTIC AND ANC. PROCED	189	189	8,788.81	46.50	.007	46.50	.34
EYE APPLIANCES	351	988	16,619.35	16.82	.038	47.35	.64
OTHER OPTOMETRIC SERVICES	115	165	3,287.17	19.92	.006	28.58	.13
@CHIROPRACTOR	10	19	\$ 42.80	\$ 2.25	.001	\$ 4.28	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	10	19	42.80	2.25	.001	4.28	.00
@PODIATRIST	213	432	\$ 3,914.42	\$ 9.06	.017	\$ 18.38	\$.15
MEDICINE/INJECTIONS	13	17	554.20	32.60	.001	42.63	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	201	413	3,325.62	8.05	.016	16.55	.13
@HOME HEALTH AGENCY	7	39	\$ 2,756.50	\$ 70.68	.001	\$ 393.79	\$.11
NURSE ANESTHESIST	1	3	61.33	20.44	.000	61.33	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,645	10,281	\$ 1,335,213.81	\$ 129.87	.394	\$ 811.68	\$ 51.23
HOSP INPATIENT TOTAL	393	2,351	1,146,318.14	487.59	.090	2916.84	43.98
HSC HOSPITALS	81	547	598,355.87	1093.89	.021	7387.11	22.96
NON-HSC HOSPITAL TOTAL	21	194	294,111.06	1516.04	.007	14005.29	11.28
ACCOMMODATIONS	21	194	57,384.05	295.79	.007	2732.57	2.20
ADMINISTRATIVE DAYS	3	6	1,387.80	231.30	.000	462.60	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	188	55,996.25	297.85	.007	3110.90	2.15
ANCILLARIES	21	0	236,727.01	.00	.000	11272.71	9.08
INPATIENT CROSSOVERS	295	1,610	253,851.21	157.67	.062	860.51	9.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,322	7,930	188,895.67	23.82	.304	142.89	7.25
MEDICAL	254	408	15,446.69	37.86	.016	60.81	.59
SURGERY	66	76	6,831.44	89.89	.003	103.51	.26
PATHOLOGY	339	1,703	19,190.17	11.27	.065	56.61	.74
RADIOLOGY	203	329	28,470.37	86.54	.013	140.25	1.09
ROOM USE	329	517	21,803.46	42.17	.020	66.27	.84
CROSSOVERS/ALL OTH OUTPTNT	865	4,897	97,153.54	19.84	.188	112.32	3.73
@COUNTY HOSPITAL TOTAL	472	2,206	\$ 336,378.78	\$ 152.48	.085	\$ 712.67	\$ 12.91
CO HOSPITAL INPATIENT TOTAL	32	231	270,056.61	1169.08	.009	8439.27	10.36
HSC HOSPITALS	25	198	264,157.00	1334.13	.008	10566.28	10.13
NON-HSC HOSPITALS TOTAL	1	2	1,093.11	546.56	.000	1093.11	.04
ACCOMMODATIONS	1	2	462.60	231.30	.000	462.60	.02
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	630.51	.00	.000	630.51	.02
INPATIENT CROSSOVERS	7	31	4,806.50	155.05	.001	686.64	.18
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	455	1,975	66,322.17	33.58	.076	145.76	2.54
MEDICAL	188	292	8,982.34	30.76	.011	47.78	.34

SURGERY	29	38	4,315.12	113.56	.001	148.80	.17
PATHOLOGY	149	789	9,013.71	11.42	.030	60.49	.35
RADIOLOGY	90	145	16,602.31	114.50	.006	184.47	.64
ROOM USE	232	383	14,962.22	39.07	.015	64.49	.57
CROSSTOVERS/ALL OTH OUTPTNT	149	328	12,446.47	37.95	.013	83.53	.48

#CALIF DEPT OF HEALTH SERV MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,575
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
26,065 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,197	8,075	\$ 998,835.03	\$ 123.69	.310	\$ 834.45	\$ 38.32
COMM HOSP INPATIENT TOTAL	361	2,120	876,261.53	413.33	.081	2427.32	33.62
HSC HOSPITALS	56	349	334,198.87	957.59	.013	5967.84	12.82
NON-HSC HOSPITALS TOTAL	20	192	293,017.95	1526.14	.007	14650.90	11.24
ACCOMMODATIONS	20	192	56,921.45	296.47	.007	2846.07	2.18

ADMINISTRATIVE DAYS	2	4		925.20	231.30	.000	462.60	.04
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	188		55,996.25	297.85	.007	3110.90	2.15
ANCILLARIES	20	0		236,096.50	.00	.000	11804.83	9.06
INPATIENT CROSSOVERS	288	1,579		249,044.71	157.72	.061	864.74	9.55
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	888	5,955		122,573.50	20.58	.228	138.03	4.70
MEDICAL	72	116		6,464.35	55.73	.004	89.78	.25
SURGERY	37	38		2,516.32	66.22	.001	68.01	.10
PATHOLOGY	193	914		10,176.46	11.13	.035	52.73	.39
RADIOLOGY	113	184		11,868.06	64.50	.007	105.03	.46
ROOM USE	103	134		6,841.24	51.05	.005	66.42	.26
CROSSOVERS/ALL OTH OUTPTNT	718	4,569		84,707.07	18.54	.175	117.98	3.25
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	702	15,901	\$	2,484,106.99	\$ 156.22	.610	\$ 3538.61	\$ 95.30
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	257		140,851.94	548.06	.010	15650.22	5.40
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	697	15,644		2,343,255.05	149.79	.600	3361.92	89.90
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	237	3,969	\$	244,504.95	\$ 61.60	.152	\$ 1031.67	\$ 9.38
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	237	3,969		244,504.95	61.60	.152	1031.67	9.38
@REHABILITATION FACILITY	1	1	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	1	1		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	701	3,479	\$	35,564.11	\$ 10.22	.133	\$ 50.73	\$ 1.36
PATHOLOGY	579	3,034		33,247.93	10.96	.116	57.42	1.28
XO AND OTHERS	124	445		2,316.18	5.20	.017	18.68	.09
@ORGANIZED OUTPATIENT CLINIC	1,384	2,424	\$	154,138.46	\$ 63.59	.093	\$ 111.37	\$ 5.91
CLINIC	51	89		2,788.57	31.33	.003	54.68	.11
SURGICENTER	162	385		29,066.65	75.50	.015	179.42	1.12
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,191	1,950		122,283.24	62.71	.075	102.67	4.69

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,576
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

26,065 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,225	183,706	\$ 591,835.16	\$ 3.22	7.048	\$ 183.51	\$ 22.71	
DURABLE MED. EQUIP.	164	408	53,336.88	130.73	.016	325.22	2.05	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	96	120	44,703.29	372.53	.005	465.66	1.72	
MEDICAL TRANSPORTATION	534	35,070	108,468.99	3.09	1.345	203.13	4.16	
AMBULANCES/AIR TRANS	121	582	14,305.49	24.58	.022	118.23	.55	
OTHER TRANS	372	32,791	89,395.82	2.73	1.258	240.31	3.43	
OTHER SERVICES	67	1,697	4,767.68	2.81	.065	71.16	.18	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	107	1,884	129,941.13	68.97	.072	1214.40	4.99	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	93	689	45,406.12	65.90	.026	488.24	1.74	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	

OPTICIAN	640	1,477	22,604.66	15.30	.057	35.32	.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	6	11	148.60	13.51	.000	24.77	.01
PROSTHETIST/ORTHOTISTS	73	167	9,661.16	57.85	.006	132.34	.37
PROSTHETICS	73	167	9,661.16	57.85	.006	132.34	.37
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	77	190	23,226.89	122.25	.007	301.65	.89
HOSPICE SERVICES	19	293	32,344.32	110.39	.011	1702.33	1.24
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	13	124.93	9.61	.000	31.23	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,746	143,384	121,868.19	.85	5.501	69.80	4.68
@CALIF. CHILDREN SERVICES*	1	1	\$ 52.99	\$ 52.99	.000	\$ 52.99	\$.00
@XOVER EXCLUDING STATE HOSP**	5,767	50,315	\$ 1,081,973.35	\$ 21.50	1.930	\$ 187.61	\$ 41.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,577
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

232 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	171	7,962	\$ 179,220.81	\$ 22.51	34.319	\$ 1048.07	\$ 772.50
@PHYSICIANS SERVICES	57	180	\$ 11,011.15	\$ 61.17	.776	\$ 193.18	\$ 47.46
OUTPATIENT VISITS	20	25	1,071.96	42.88	.108	53.60	4.62
OFFICE VISITS	14	18	645.25	35.85	.078	46.09	2.78
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	7	426.71	60.96	.030	71.12	1.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	8	530.12	66.27	.034	176.71	2.29
HOSPITAL VISITS	2	6	286.92	47.82	.026	143.46	1.24
CRITICAL CARE	2	2	243.20	121.60	.009	121.60	1.05
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	9	412.56	45.84	.039	58.94	1.78
EXAMINATIONS	7	9	412.56	45.84	.039	58.94	1.78
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	11	698.99	63.54	.047	349.50	3.01
PRINCIPAL SURGEON	1	1	428.32	428.32	.004	428.32	1.85
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	10	270.67	27.07	.043	270.67	1.17
OUTPATIENT SURGERY	10	36	4,483.19	124.53	.155	448.32	19.32
PRINCIPAL SURGEON	8	11	3,721.06	338.28	.047	465.13	16.04
ASSISTANT SURGEON	1	1	134.77	134.77	.004	134.77	.58
ANESTHESIOLOGIST	3	24	627.36	26.14	.103	209.12	2.70
DIALYSIS	3	3	675.12	225.04	.013	225.04	2.91
PATHOLOGY	5	17	64.39	3.79	.073	12.88	.28
RADIOLOGY	7	25	422.69	16.91	.108	60.38	1.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	1,839.15	1839.15	.004	1839.15	7.93
OTHER SERVICES/ALL X-OVERS	24	45	812.98	18.07	.194	33.87	3.50
@PHARMACY	117	1,596	\$ 35,531.28	\$ 22.26	6.879	\$ 303.69	\$ 153.15
PRESCRIPTION DRUGS	114	524	33,642.96	64.20	2.259	295.11	145.01
SNF/ICF	31	230	11,487.83	49.95	.991	370.58	49.52
OUTPATIENTS	83	294	22,155.13	75.36	1.267	266.93	95.50

MEDICAL SUPPLIES	15	1,072		1,888.32	1.76	4.621	125.89	8.14
@DENTIST	16	49	\$	3,012.00	61.47	.211	188.25	12.98
VISITS - DIAGNOSTIC	10	26		465.00	17.88	.112	46.50	2.00
ORAL SURGERY	1	2		125.00	62.50	.009	125.00	.54
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		200.00	200.00	.004	200.00	.86
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	8		731.00	91.38	.034	182.75	3.15
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	12		1,491.00	124.25	.052	497.00	6.43
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,578
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

232 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 22.59	\$ 22.59	.004	\$ 22.59	\$.10
DIAGNOSTIC AND ANC. PROCED	1	1	22.59	22.59	.004	22.59	.10
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	6	\$ 8.53	\$ 1.42	.026	\$ 2.84	\$.04
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	6	8.53	1.42	.026	2.84	.04
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	35	224	\$ 22,931.69	\$ 102.37	.966	\$ 655.19	\$ 98.84
HOSP INPATIENT TOTAL	2	11	17,358.23	1578.02	.047	8679.12	74.82
HSC HOSPITALS	1	9	12,150.00	1350.00	.039	12150.00	52.37
NON-HSC HOSPITAL TOTAL	1	2	5,208.23	2604.12	.009	5208.23	22.45
ACCOMMODATIONS	1	2	358.64	179.32	.009	358.64	1.55
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	358.64	179.32	.009	358.64	1.55
ANCILLARIES	1	0	4,849.59	.00	.000	4849.59	20.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	34	213	5,573.46	26.17	.918	163.93	24.02
MEDICAL	18	28	963.92	34.43	.121	53.55	4.15
SURGERY	4	6	319.23	53.21	.026	79.81	1.38
PATHOLOGY	14	95	1,066.46	11.23	.409	76.18	4.60
RADIOLOGY	10	18	1,360.24	75.57	.078	136.02	5.86
ROOM USE	15	27	1,214.66	44.99	.116	80.98	5.24
CROSSOVERS/ALL OTH OUTPTNT	15	39	648.95	16.64	.168	43.26	2.80
@COUNTY HOSPITAL TOTAL	14	68	\$ 14,044.93	\$ 206.54	.293	\$ 1003.21	\$ 60.54
CO HOSPITAL INPATIENT TOTAL	1	9	12,150.00	1350.00	.039	12150.00	52.37
HSC HOSPITALS	1	9	12,150.00	1350.00	.039	12150.00	52.37

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	14	59	1,894.93	32.12	.254	135.35	8.17
MEDICAL	8	12	296.81	24.73	.052	37.10	1.28
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	25	294.76	11.79	.108	73.69	1.27
RADIOLOGY	4	7	785.26	112.18	.030	196.32	3.38
ROOM USE	8	12	431.03	35.92	.052	53.88	1.86
CROSSOVERS/ALL OTH OUTPTNT	3	3	87.07	29.02	.013	29.02	.38

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

AID CODE 24

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01/29/04

232 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	156	\$ 8,886.76	\$ 56.97	.672	\$ 386.38	\$ 38.31
COMM HOSP INPATIENT TOTAL	1	2	5,208.23	2604.12	.009	5208.23	22.45
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	2	5,208.23	2604.12	.009	5208.23	22.45
ACCOMMODATIONS	1	2	358.64	179.32	.009	358.64	1.55
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	358.64	179.32	.009	358.64	1.55
ANCILLARIES	1	0	4,849.59	.00	.000	4849.59	20.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	154	3,678.53	23.89	.664	167.21	15.86
MEDICAL	11	16	667.11	41.69	.069	60.65	2.88
SURGERY	4	6	319.23	53.21	.026	79.81	1.38
PATHOLOGY	12	70	771.70	11.02	.302	64.31	3.33
RADIOLOGY	7	11	574.98	52.27	.047	82.14	2.48
ROOM USE	9	15	783.63	52.24	.065	87.07	3.38
CROSSOVERS/ALL OTH OUTPTNT	12	36	561.88	15.61	.155	46.82	2.42
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	24	770	\$ 90,037.18	\$ 116.93	3.319	\$ 3751.55	\$ 388.09
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	24	770	90,037.18	116.93	3.319	3751.55	388.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	3	254	\$ 8,826.49	\$ 34.75	1.095	\$ 2942.16	\$ 38.05
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	3	254	8,826.49	34.75	1.095	2942.16	38.05
@REHABILITATION FACILITY	1	1	\$ 21.19	\$ 21.19	.004	\$ 21.19	\$.09
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	1	1	21.19	21.19	.004	21.19	.09
@LABORATORY FACILITY	11	85	\$ 921.52	\$ 10.84	.366	\$ 83.77	\$ 3.97

PATHOLOGY	10	84		884.02		10.52	.362	88.40	3.81
XO AND OTHERS	1	1		37.50		37.50	.004	37.50	.16
@ORGANIZED OUTPATIENT CLINIC	5	21	\$	1,378.53	\$	65.64	.091	275.71	5.94
CLINIC	2	4		195.77		48.94	.017	97.89	.84
SURGICENTER	2	16		1,054.42		65.90	.069	527.21	4.54
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		128.34		128.34	.004	128.34	.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,580
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								AID CODE 24
						----- MONTHLY AVERAGE -----			
232 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE				PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	36	4,775	\$	5,518.66	\$	1.16	20.582	153.30	23.79
DURABLE MED. EQUIP.	2	3		213.63		71.21	.013	106.82	.92
BLOOD BANK	0	0		.00		.00	.000	.00	.00

HEARING AID DISPENSERS	1	1	934.94	934.94	.004	934.94	4.03
MEDICAL TRANSPORTATION	8	48	642.67	13.39	.207	80.33	2.77
AMBULANCES/AIR TRANS	1	6	154.80	25.80	.026	154.80	.67
OTHER TRANS	6	29	486.16	16.76	.125	81.03	2.10
OTHER SERVICES	1	13	1.71	.13	.056	1.71	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	7	151.12	21.59	.030	50.37	.65
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	14	544.67	38.91	.060	136.17	2.35
PROSTHETICS	3	12	366.86	30.57	.052	122.29	1.58
ORTHOTICS	2	2	177.81	88.91	.009	88.91	.77
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5	210.79	42.16	.022	70.26	.91
HOSPICE SERVICES	1	13	1,404.52	108.04	.056	1404.52	6.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	156	544.62	3.49	.672	108.92	2.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	4,528	871.70	.19	19.517	72.64	3.76
@CALIF. CHILDREN SERVICES*	4	3,191	\$ 837.21	\$.26	13.754	\$ 209.30	\$ 3.61
@XOVER EXCLUDING STATE HOSP**	39	683	\$ 4,096.41	\$ 6.00	2.944	\$ 105.04	\$ 17.66

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,581
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED	64 6G 6H 6U 6V 6X 8G	

23,147 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18,159	462,609	\$ 13,458,142.23	\$ 29.09	19.986	\$ 741.13	\$ 581.42
@PHYSICIANS SERVICES	4,958	29,457	\$ 734,735.70	\$ 24.94	1.273	\$ 148.19	\$ 31.74
OUTPATIENT VISITS	1,351	1,996	81,042.57	40.60	.086	59.99	3.50
OFFICE VISITS	1,009	1,462	47,581.64	32.55	.063	47.16	2.06
HOME VISITS	3	4	197.52	49.38	.000	65.84	.01
EMERGENCY ROOM	362	436	30,164.41	69.18	.019	83.33	1.30
PREVENTIVE CARE	2	2	63.41	31.71	.000	31.71	.00
OB VISITS/COMPRE PERI	5	10	707.67	70.77	.000	141.53	.03
OTHER OUTPATIENT	72	82	2,327.92	28.39	.004	32.33	.10
INPATIENT VISITS	434	3,648	146,472.88	40.15	.158	337.50	6.33
HOSPITAL VISITS	404	3,284	108,304.20	32.98	.142	268.08	4.68
CRITICAL CARE	52	319	36,573.00	114.65	.014	703.33	1.58
SNF/ICF/TRANS IP CARE	24	45	1,595.68	35.46	.002	66.49	.07
OPHTHALMOLOGICAL SERVICES	49	63	2,698.72	42.84	.003	55.08	.12
EXAMINATIONS	48	62	2,663.43	42.96	.003	55.49	.12
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	200	1,084	89,786.11	82.83	.047	448.93	3.88
PRINCIPAL SURGEON	161	301	71,877.29	238.79	.013	446.44	3.11
ASSISTANT SURGEON	11	13	2,706.26	208.17	.001	246.02	.12
ANESTHESIOLOGIST	53	770	15,202.56	19.74	.033	286.84	.66
OUTPATIENT SURGERY	202	519	52,506.67	101.17	.022	259.93	2.27
PRINCIPAL SURGEON	173	226	46,244.83	204.62	.010	267.31	2.00
ASSISTANT SURGEON	3	3	247.21	82.40	.000	82.40	.01
ANESTHESIOLOGIST	40	290	6,014.63	20.74	.013	150.37	.26

DIALYSIS	101	340		27,721.90		81.54	.015	274.47	1.20
PATHOLOGY	319	1,304		10,284.61		7.89	.056	32.24	.44
RADIOLOGY	685	2,506		96,616.30		38.55	.108	141.05	4.17
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	91	1,419		27,936.69		19.69	.061	307.00	1.21
OTHER SERVICES/ALL X-OVERS	3,272	16,578		199,669.25		12.04	.716	61.02	8.63
@PHARMACY	14,250	140,170	\$	5,822,965.14	\$	41.54	6.056	\$ 408.63	\$ 251.56
PRESCRIPTION DRUGS	13,970	67,040		5,644,155.67		84.19	2.896	404.02	243.84
SNF/ICF	296	2,409		135,860.83		56.40	.104	458.99	5.87
OUTPATIENTS	13,720	64,631		5,508,294.84		85.23	2.792	401.48	237.97
MEDICAL SUPPLIES	1,629	73,130		178,809.47		2.45	3.159	109.77	7.72
@DENTIST	1,540	7,772	\$	370,641.04	\$	47.69	.336	\$ 240.68	\$ 16.01
VISITS - DIAGNOSTIC	934	4,160		44,873.55		10.79	.180	48.04	1.94
ORAL SURGERY	276	1,322		66,803.00		50.53	.057	242.04	2.89
DRUGS	40	82		1,145.00		13.96	.004	28.63	.05
ANESTHESIA	47	49		4,700.00		95.92	.002	100.00	.20
PERIODONTICS	148	160		23,566.00		147.29	.007	159.23	1.02
ENDODONTICS	100	140		29,603.00		211.45	.006	296.03	1.28
RESTORATIVE DENTISTRY	453	1,126		103,589.00		92.00	.049	228.67	4.48
PROSTHETICS	11	12		120.00		10.00	.001	10.91	.01
DENTURES, STAYPLATES	217	666		94,534.00		141.94	.029	435.64	4.08
SPACE MAINTAINERS	2	2		200.00		100.00	.000	100.00	.01
MAXILLOFACIAL SERVICES	4	4		486.24		121.56	.000	121.56	.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	3	7		1,021.25		145.89	.000	340.42	.04
ALL OTHER SERVICES	32	42		.00		.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
KERN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

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----- MONTHLY AVERAGE -----									
23,147 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	401	1,059	\$ 24,743.69	\$ 23.37	.046	\$ 61.70	\$ 1.07		
DIAGNOSTIC AND ANC. PROCED	228	229	10,640.60	46.47	.010	46.67	.46		
EYE APPLIANCES	269	782	12,678.71	16.21	.034	47.13	.55		
OTHER OPTOMETRIC SERVICES	42	48	1,424.38	29.67	.002	33.91	.06		
@CHIROPRACTOR	35	61	\$ 886.05	\$ 14.53	.003	\$ 25.32	\$.04		
VISITS	22	39	652.08	16.72	.002	29.64	.03		
OTHER SERVICES	13	22	233.97	10.64	.001	18.00	.01		
@PODIATRIST	163	379	\$ 5,263.20	\$ 13.89	.016	\$ 32.29	\$.23		
MEDICINE/INJECTIONS	23	28	909.85	32.49	.001	39.56	.04		
SURGERY/ANES.	1	1	400.59	400.59	.000	400.59	.02		
RADIO./PATHOLOGY	5	10	166.08	16.61	.000	33.22	.01		
OTHER	140	340	3,786.68	11.14	.015	27.05	.16		
@HOME HEALTH AGENCY	73	5,444	\$ 167,394.37	\$ 30.75	.235	\$ 2293.07	\$ 7.23		
NURSE ANESTHESIST	16	77	\$ 1,495.10	\$ 19.42	.003	\$ 93.44	\$.06		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	2,410	17,148	\$ 3,883,162.14	\$ 226.45	.741	\$ 1611.27	\$ 167.76		
HOSP INPATIENT TOTAL	480	4,115	3,478,011.53	845.20	.178	7245.86	150.26		
HSC HOSPITALS	213	2,174	2,442,581.49	1123.54	.094	11467.52	105.52		
NON-HSC HOSPITAL TOTAL	78	591	840,224.53	1421.70	.026	10772.11	36.30		
ACCOMMODATIONS	78	591	195,890.75	331.46	.026	2511.42	8.46		
ADMINISTRATIVE DAYS	6	117	27,062.10	231.30	.005	4510.35	1.17		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	73	474	168,828.65	356.18	.020	2312.72	7.29		
ANCILLARIES	77	0	644,333.78	.00	.000	8367.97	27.84		
INPATIENT CROSSOVERS	200	1,350	195,205.51	144.60	.058	976.03	8.43		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		

HOSP OUTPATIENT TOTAL	2,052	13,033		405,150.61	31.09	.563	197.44	17.50	
MEDICAL	654	1,205		38,958.78	32.33	.052	59.57	1.68	
SURGERY	146	167		16,764.24	100.38	.007	114.82	.72	
PATHOLOGY	735	4,286		49,677.15	11.59	.185	67.59	2.15	
RADIOLOGY	415	706		68,884.44	97.57	.031	165.99	2.98	
ROOM USE	859	1,548		63,395.16	40.95	.067	73.80	2.74	
CROSSOVERS/ALL OTH OUTPTNT	1,043	5,121		167,470.84	32.70	.221	160.57	7.24	
@COUNTY HOSPITAL TOTAL	1,078	6,861	\$	1,536,500.47	\$ 223.95	.296	\$ 1425.33	\$ 66.38	
CO HOSPITAL INPATIENT TOTAL	116	1,192		1,303,944.45	1093.91	.051	11240.90	56.33	
HSC HOSPITALS	108	1,044		1,269,555.50	1216.05	.045	11755.14	54.85	
NON-HSC HOSPITALS TOTAL	3	109		29,786.44	273.27	.005	9928.81	1.29	
ACCOMMODATIONS	3	109		25,211.70	231.30	.005	8403.90	1.09	
ADMINISTRATIVE DAYS	3	109		25,211.70	231.30	.005	8403.90	1.09	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	3	0		4,574.74	.00	.000	1524.91	.20	
INPATIENT CROSSOVERS	6	39		4,602.51	118.01	.002	767.09	.20	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1,012	5,669		232,556.02	41.02	.245	229.80	10.05	
MEDICAL	468	861		25,848.75	30.02	.037	55.23	1.12	
SURGERY	58	70		12,264.38	175.21	.003	211.45	.53	
PATHOLOGY	399	2,360		26,933.32	11.41	.102	67.50	1.16	
RADIOLOGY	187	322		35,517.93	110.30	.014	189.94	1.53	
ROOM USE	588	1,148		44,193.16	38.50	.050	75.16	1.91	
CROSSOVERS/ALL OTH OUTPTNT	289	908		87,798.48	96.69	.039	303.80	3.79	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,583
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

23,147 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,420	10,287	\$ 2,346,661.67	\$ 228.12	.444	\$ 1652.58	\$ 101.38
COMM HOSP INPATIENT TOTAL	374	2,923	2,174,067.08	743.78	.126	5813.01	93.92
HSC HOSPITALS	111	1,130	1,173,025.99	1038.08	.049	10567.80	50.68
NON-HSC HOSPITALS TOTAL	75	482	810,438.09	1681.41	.021	10805.84	35.01
ACCOMMODATIONS	75	482	170,679.05	354.11	.021	2275.72	7.37
ADMINISTRATIVE DAYS	3	8	1,850.40	231.30	.000	616.80	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	73	474	168,828.65	356.18	.020	2312.72	7.29
ANCILLARIES	74	0	639,759.04	.00	.000	8645.39	27.64
INPATIENT CROSSOVERS	194	1,311	190,603.00	145.39	.057	982.49	8.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,102	7,364	172,594.59	23.44	.318	156.62	7.46
MEDICAL	199	344	13,110.03	38.11	.015	65.88	.57
SURGERY	88	97	4,499.86	46.39	.004	51.13	.19
PATHOLOGY	354	1,926	22,743.83	11.81	.083	64.25	.98
RADIOLOGY	234	384	33,366.51	86.89	.017	142.59	1.44
ROOM USE	287	400	19,202.00	48.01	.017	66.91	.83
CROSSOVERS/ALL OTH OUTPTNT	759	4,213	79,672.36	18.91	.182	104.97	3.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	261	5,937	\$ 845,772.81	\$ 142.46	.256	\$ 3240.51	\$ 36.54
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	5	87	46,512.89	534.63	.004	9302.58	2.01
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	257	5,850	799,259.92	136.63	.253	3109.96	34.53
@INTERMEDIATE CARE FACIL.-DD	26	798	\$ 117,951.01	\$ 147.81	.034	\$ 4536.58	\$ 5.10

ICF DDH	22	651		91,090.82		139.92	.028	4140.49	3.94
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	4	147		26,860.19		182.72	.006	6715.05	1.16
@HEMODIALYSIS TOTAL	505	7,350	\$	460,260.40	\$	62.62	.318	\$ 911.41	\$ 19.88
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	505	7,350		460,260.40		62.62	.318	911.41	19.88
@REHABILITATION FACILITY	3	39	\$	783.07	\$	20.08	.002	\$ 261.02	\$.03
HOSPITAL BASED	3	39		783.07		20.08	.002	261.02	.03
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	854	4,167	\$	51,934.78	\$	12.46	.180	\$ 60.81	\$ 2.24
PATHOLOGY	749	3,821		46,863.61		12.26	.165	62.57	2.02
XO AND OTHERS	109	346		5,071.17		14.66	.015	46.52	.22
@ORGANIZED OUTPATIENT CLINIC	1,388	2,512	\$	162,618.74	\$	64.74	.109	\$ 117.16	\$ 7.03
CLINIC	69	122		3,285.06		26.93	.005	47.61	.14
SURGICENTER	73	219		12,345.95		56.37	.009	169.12	.53
HEROIN DETOX CLINIC	2	19		222.40		11.71	.001	111.20	.01
RURAL HEALTH CLINIC	1,254	2,152		146,765.33		68.20	.093	117.04	6.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
KERN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

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						----- MONTHLY AVERAGE -----		
23,147 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,200	240,239	\$ 807,534.99	\$ 3.36	10.379	\$ 252.35	\$ 34.89	
DURABLE MED. EQUIP.	235	960	130,087.75	135.51	.041	553.56	5.62	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	21	29	12,359.72	426.20	.001	588.56	.53	
MEDICAL TRANSPORTATION	487	37,308	139,681.11	3.74	1.612	286.82	6.03	
AMBULANCES/AIR TRANS	249	4,017	44,173.13	11.00	.174	177.40	1.91	
OTHER TRANS	219	32,823	82,263.94	2.51	1.418	375.63	3.55	
OTHER SERVICES	43	468	13,244.04	28.30	.020	308.00	.57	
ACUPUNCTURE	3	10	173.01	17.30	.000	57.67	.01	
ADULT DAY HEALTH CARE CTR	98	1,534	106,056.64	69.14	.066	1082.21	4.58	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	27	1,709	55,394.37	32.41	.074	2051.64	2.39	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	533	1,274	17,729.54	13.92	.055	33.26	.77	
PHYSICAL THERAPIST	3	5	48.72	9.74	.000	16.24	.00	
PORTABLE X-RAY	4	18	270.12	15.01	.001	67.53	.01	
PROSTHETIST/ORTHOTISTS	68	172	14,343.65	83.39	.007	210.94	.62	
PROSTHETICS	68	172	14,343.65	83.39	.007	210.94	.62	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	2	6	165.86	27.64	.000	82.93	.01	
SPEECH AND AUDIOLOGY	43	107	11,501.84	107.49	.005	267.48	.50	
HOSPICE SERVICES	19	448	51,633.01	115.25	.019	2717.53	2.23	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	662	38,662	151,263.77	3.91	1.670	228.50	6.53	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	1,300	157,997	116,825.88	.74	6.826	89.87	5.05	
@CALIF. CHILDREN SERVICES*	201	16,790	\$ 316,881.40	\$ 18.87	.725	\$ 1576.52	\$ 13.69	
@XOVER EXCLUDING STATE HOSP**	4,389	53,250	\$ 860,569.34	\$ 16.16	2.301	\$ 196.07	\$ 37.18	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,585
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

----- MONTHLY AVERAGE -----

290,627 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	188,684	914,786	\$ 49,812,863.58	\$ 54.45	3.148	\$ 264.00	\$ 171.40
@PHYSICIANS SERVICES	26,654	90,488	\$ 5,112,490.63	\$ 56.50	.311	\$ 191.81	\$ 17.59
OUTPATIENT VISITS	15,493	30,628	1,122,904.99	36.66	.105	72.48	3.86
OFFICE VISITS	7,544	9,735	354,560.72	36.42	.033	47.00	1.22
HOME VISITS	1	1	68.62	68.62	.000	68.62	.00
EMERGENCY ROOM	5,414	6,116	327,814.37	53.60	.021	60.55	1.13
PREVENTIVE CARE	175	183	6,735.07	36.80	.001	38.49	.02
OB VISITS/COMPRE PERI	2,757	14,043	411,886.64	29.33	.048	149.40	1.42
OTHER OUTPATIENT	483	550	21,839.57	39.71	.002	45.22	.08
INPATIENT VISITS	3,279	13,424	1,174,837.44	87.52	.046	358.29	4.04
HOSPITAL VISITS	2,831	7,936	354,571.57	44.68	.027	125.25	1.22
CRITICAL CARE	558	5,401	816,674.40	151.21	.019	1463.57	2.81
SNF/ICF/TRANS IP CARE	20	87	3,591.47	41.28	.000	179.57	.01
OPHTHALMOLOGICAL SERVICES	141	154	7,612.31	49.43	.001	53.99	.03

EXAMINATIONS	141	154	7,612.31	49.43	.001	53.99	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3,098	10,171	1,591,827.42	156.51	.035	513.82	5.48
PRINCIPAL SURGEON	2,383	2,762	1,376,327.88	498.31	.010	577.56	4.74
ASSISTANT SURGEON	225	226	41,599.62	184.07	.001	184.89	.14
ANESTHESIOLOGIST	826	7,183	173,899.92	24.21	.025	210.53	.60
OUTPATIENT SURGERY	1,893	4,544	328,731.61	72.34	.016	173.66	1.13
PRINCIPAL SURGEON	1,507	1,946	277,073.37	142.38	.007	183.86	.95
ASSISTANT SURGEON	17	17	2,949.43	173.50	.000	173.50	.01
ANESTHESIOLOGIST	528	2,581	48,708.81	18.87	.009	92.25	.17
DIALYSIS	86	213	28,375.63	133.22	.001	329.95	.10
PATHOLOGY	3,897	11,300	123,618.60	10.94	.039	31.72	.43
RADIOLOGY	6,030	11,242	453,661.10	40.35	.039	75.23	1.56
PSYCHIATRY	13	14	475.39	33.96	.000	36.57	.00
IMMUNIZATION AND INJECTION	668	2,706	83,110.92	30.71	.009	124.42	.29
OTHER SERVICES/ALL X-OVERS	2,741	6,092	197,335.22	32.39	.021	71.99	.68
@PHARMACY	29,768	93,405	\$ 3,486,313.26	\$ 37.32	.321	\$ 117.12	\$ 12.00
PRESCRIPTION DRUGS	29,323	65,180	3,286,100.93	50.42	.224	112.07	11.31
SNF/ICF	34	231	14,575.77	63.10	.001	428.70	.05
OUTPATIENTS	29,297	64,949	3,271,525.16	50.37	.223	111.67	11.26
MEDICAL SUPPLIES	1,230	28,225	200,212.33	7.09	.097	162.77	.69
@DENTIST	51,216	309,307	\$ 8,967,531.25	\$ 28.99	1.064	\$ 175.09	\$ 30.86
VISITS - DIAGNOSTIC	35,855	209,142	2,315,340.20	11.07	.720	64.58	7.97
ORAL SURGERY	8,013	16,829	1,010,096.10	60.02	.058	126.06	3.48
DRUGS	1,942	2,616	49,620.00	18.97	.009	25.55	.17
ANESTHESIA	852	863	78,800.00	91.31	.003	92.49	.27
PERIODONTICS	2,250	2,376	331,902.50	139.69	.008	147.51	1.14
ENDODONTICS	4,906	8,451	1,073,403.95	127.02	.029	218.79	3.69
RESTORATIVE DENTISTRY	19,537	60,410	3,542,695.75	58.64	.208	181.33	12.19
PROSTHETICS	135	141	3,855.00	27.34	.000	28.56	.01
DENTURES, STAYPLATES	795	3,089	270,541.40	87.58	.011	340.30	.93
SPACE MAINTAINERS	673	837	90,468.48	108.09	.003	134.43	.31
MAXILLOFACIAL SERVICES	85	94	9,529.08	101.37	.000	112.11	.03
FRACTURES, DISLOCATIONS	1	2	1,550.00	775.00	.000	1550.00	.01
ORTHODONTIC SERVICES	1,978	2,440	183,085.29	75.03	.008	92.56	.63
ALL OTHER SERVICES	1,172	2,017	6,643.50	3.29	.007	5.67	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,586
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						
290,627 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,573	4,248	\$ 103,480.77	\$ 24.36	.015	\$ 65.79	\$.36
DIAGNOSTIC AND ANC. PROCED	1,258	1,273	58,479.06	45.94	.004	46.49	.20
EYE APPLIANCES	974	2,901	42,249.95	14.56	.010	43.38	.15
OTHER OPTOMETRIC SERVICES	62	74	2,751.76	37.19	.000	44.38	.01
@CHIROPRACTOR	1,155	1,726	\$ 28,647.18	\$ 16.60	.006	\$ 24.80	\$.10
VISITS	1,154	1,725	28,630.46	16.60	.006	24.81	.10
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	53	97	\$ 3,608.83	\$ 37.20	.000	\$ 68.09	\$.01
MEDICINE/INJECTIONS	47	59	2,039.85	34.57	.000	43.40	.01
SURGERY/ANES.	5	6	107.79	17.97	.000	21.56	.00
RADIO./PATHOLOGY	6	10	179.92	17.99	.000	29.99	.00
OTHER	13	22	1,281.27	58.24	.000	98.56	.00
@HOME HEALTH AGENCY	144	2,325	\$ 89,290.40	\$ 38.40	.008	\$ 620.07	\$.31
NURSE ANESTHESIST	169	935	\$ 19,176.84	\$ 20.51	.003	\$ 113.47	\$.07
NURSE MIDWIFE	1	3	\$ 77.67	\$ 25.89	.000	\$ 77.67	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	21,296	94,210	\$ 21,459,178.83	\$ 227.78	.324	\$ 1007.66	\$ 73.84

HOSP INPATIENT TOTAL	3,427	14,761	19,236,995.39	1303.23	.051	5613.36	66.19
HSC HOSPITALS	3,040	13,082	17,088,246.14	1306.24	.045	5621.13	58.80
NON-HSC HOSPITAL TOTAL	393	1,662	2,143,968.34	1289.99	.006	5455.39	7.38
ACCOMMODATIONS	392	1,662	510,930.65	307.42	.006	1303.39	1.76
ADMINISTRATIVE DAYS	5	30	6,707.70	223.59	.000	1341.54	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	388	1,632	504,222.95	308.96	.006	1299.54	1.73
ANCILLARIES	392	0	1,633,037.69	.00	.000	4165.91	5.62
INPATIENT CROSSOVERS	7	17	4,780.91	281.23	.000	682.99	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19,592	79,449	2,222,183.44	27.97	.273	113.42	7.65
MEDICAL	3,322	4,764	191,529.01	40.20	.016	57.65	.66
SURGERY	1,186	1,545	113,878.94	73.71	.005	96.02	.39
PATHOLOGY	7,298	30,051	329,824.55	10.98	.103	45.19	1.13
RADIOLOGY	3,976	5,370	387,468.86	72.15	.018	97.45	1.33
ROOM USE	10,216	14,788	642,610.39	43.45	.051	62.90	2.21
CROSSOVERS/ALL OTH OUTPTNT	8,707	22,931	556,871.69	24.28	.079	63.96	1.92
@COUNTY HOSPITAL TOTAL	10,779	46,305	\$ 11,890,823.47	\$ 256.79	.159	\$ 1103.15	\$ 40.91
CO HOSPITAL INPATIENT TOTAL	1,904	8,098	10,745,349.81	1326.91	.028	5643.57	36.97
HSC HOSPITALS	1,904	8,084	10,741,642.63	1328.75	.028	5641.62	36.96
NON-HSC HOSPITALS TOTAL	1	14	3,707.18	264.80	.000	3707.18	.01
ACCOMMODATIONS	1	14	3,238.20	231.30	.000	3238.20	.01
ADMINISTRATIVE DAYS	1	14	3,238.20	231.30	.000	3238.20	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	468.98	.00	.000	468.98	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9,941	38,207	1,145,473.66	29.98	.131	115.23	3.94
MEDICAL	1,608	2,140	74,225.37	34.68	.007	46.16	.26
SURGERY	558	796	81,138.63	101.93	.003	145.41	.28
PATHOLOGY	3,129	13,094	133,488.91	10.19	.045	42.66	.46
RADIOLOGY	1,223	1,642	137,135.53	83.52	.006	112.13	.47
ROOM USE	4,943	7,798	351,917.33	45.13	.027	71.20	1.21
CROSSOVERS/ALL OTH OUTPTNT	4,550	12,737	367,567.89	28.86	.044	80.78	1.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,587
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K						

	290,627 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10,958		47,905	\$ 9,568,355.36	\$ 199.74	.165	\$ 873.18	\$ 32.92
COMM HOSP INPATIENT TOTAL	1,537		6,663	8,491,645.58	1274.45	.023	5524.82	29.22
HSC HOSPITALS	1,147		4,998	6,346,603.51	1269.83	.017	5533.22	21.84
NON-HSC HOSPITALS TOTAL	392		1,648	2,140,261.16	1298.70	.006	5459.85	7.36
ACCOMMODATIONS	391		1,648	507,692.45	308.07	.006	1298.45	1.75
ADMINISTRATIVE DAYS	4		16	3,469.50	216.84	.000	867.38	.01
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	388		1,632	504,222.95	308.96	.006	1299.54	1.73
ANCILLARIES	391		0	1,632,568.71	.00	.000	4175.37	5.62
INPATIENT CROSSOVERS	7		17	4,780.91	281.23	.000	682.99	.02
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,016		41,242	1,076,709.78	26.11	.142	107.50	3.70
MEDICAL	1,729		2,624	117,303.64	44.70	.009	67.84	.40
SURGERY	634		749	32,740.31	43.71	.003	51.64	.11
PATHOLOGY	4,265		16,957	196,335.64	11.58	.058	46.03	.68
RADIOLOGY	2,782		3,728	250,333.33	67.15	.013	89.98	.86
ROOM USE	5,441		6,990	290,693.06	41.59	.024	53.43	1.00
CROSSOVERS/ALL OTH OUTPTNT	4,213		10,194	189,303.80	18.57	.035	44.93	.65
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	22	692	\$	337,393.49	\$ 487.56	.002	\$ 15336.07	\$ 1.16
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	8	232		139,586.50	601.67	.001	17448.31	.48
LEV B-SUBACUTE HSPTL BASED	8	308		165,834.11	538.42	.001	20729.26	.57
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	6	152		31,972.88	210.35	.001	5328.81	.11
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	123	4,668	\$	222,914.41	\$ 47.75	.016	\$ 1812.31	\$.77
HOSPITAL BASED	8	12		30,535.17	2544.60	.000	3816.90	.11
HEMODIALYSIS CENTER	115	4,656		192,379.24	41.32	.016	1672.86	.66
@REHABILITATION FACILITY	26	114	\$	3,213.72	\$ 28.19	.000	\$ 123.60	\$.01
HOSPITAL BASED	21	42		1,968.09	46.86	.000	93.72	.01
INDEPENDENT FACILITY	5	72		1,245.63	17.30	.000	249.13	.00
@LABORATORY FACILITY	5,565	20,152	\$	274,533.61	\$ 13.62	.069	\$ 49.33	\$.94
PATHOLOGY	5,557	20,127		274,289.55	13.63	.069	49.36	.94
XO AND OTHERS	9	25		244.06	9.76	.000	27.12	.00
@ORGANIZED OUTPATIENT CLINIC	57,776	96,370	\$	7,765,975.95	\$ 80.58	.332	\$ 134.42	\$ 26.72
CLINIC	1,402	4,217		122,764.00	29.11	.015	87.56	.42
SURGICENTER	61	323		10,252.42	31.74	.001	168.07	.04
HEROIN DETOX CLINIC	4	46		457.92	9.95	.000	114.48	.00
RURAL HEALTH CLINIC	56,352	91,784		7,632,501.61	83.16	.316	135.44	26.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 4,588
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K							

	290,627 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34,631	196,046	\$	1,939,036.74	\$ 9.89	.675	\$ 55.99	\$ 6.67
DURABLE MED. EQUIP.	190	354		39,102.61	110.46	.001	205.80	.13
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2		110.19	55.10	.000	110.19	.00
MEDICAL TRANSPORTATION	1,463	41,126		457,945.05	11.14	.142	313.02	1.58
AMBULANCES/AIR TRANS	1,430	23,429		312,228.63	13.33	.081	218.34	1.07
OTHER TRANS	35	17,626		29,799.11	1.69	.061	851.40	.10
OTHER SERVICES	66	71		115,917.31	1632.64	.000	1756.32	.40
ACUPUNCTURE	12	49		848.83	17.32	.000	70.74	.00
ADULT DAY HEALTH CARE CTR	6	16		1,014.37	63.40	.000	169.06	.00
GENETIC DISEASE TESTING	1,803	1,806		186,117.25	103.05	.006	103.23	.64
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	8,043	17,091		165,767.44	9.70	.059	20.61	.57
PHYSICAL THERAPIST	60	176		7,973.50	45.30	.001	132.89	.03
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	404	967		64,052.48	66.24	.003	158.55	.22
PROSTHETICS	225	729		43,782.39	60.06	.003	194.59	.15
ORTHOTICS	231	238		20,270.09	85.17	.001	87.75	.07
PSYCHOLOGIST	37	124		5,055.80	40.77	.000	136.64	.02
SPEECH AND AUDIOLOGY	99	347		16,189.57	46.66	.001	163.53	.06
HOSPICE SERVICES	6	142		16,279.89	114.65	.000	2713.32	.06
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22,756	106,613		957,522.38	8.98	.367	42.08	3.29
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	101	27,233		21,057.38		.77	.094	208.49		.07
@CALIF. CHILDREN SERVICES*	4,498	73,744	\$	10,205,685.41	\$	138.39	.254	\$ 2268.94	\$	35.12
@XOVER EXCLUDING STATE HOSP**	269	6,552	\$	40,791.56	\$	6.23	.023	\$ 151.64	\$	.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,589
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

340,071 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	226,325	1,790,648	\$ 73,508,862.23	\$ 41.05	5.266	\$ 324.79	\$ 216.16
@PHYSICIANS SERVICES	36,507	145,020	\$ 6,427,618.09	\$ 44.32	.426	\$ 176.07	\$ 18.90
OUTPATIENT VISITS	17,857	34,124	1,260,408.44	36.94	.100	70.58	3.71
OFFICE VISITS	9,445	12,506	444,662.66	35.56	.037	47.08	1.31
HOME VISITS	4	5	266.14	53.23	.000	66.54	.00
EMERGENCY ROOM	5,932	6,733	371,719.76	55.21	.020	62.66	1.09
PREVENTIVE CARE	177	185	6,798.48	36.75	.001	38.41	.02
OB VISITS/COMPRE PERI	2,762	14,053	412,594.31	29.36	.041	149.38	1.21
OTHER OUTPATIENT	564	642	24,367.09	37.95	.002	43.20	.07
INPATIENT VISITS	3,879	19,672	1,395,596.98	70.94	.058	359.78	4.10
HOSPITAL VISITS	3,391	13,691	523,582.71	38.24	.040	154.40	1.54
CRITICAL CARE	635	5,829	866,066.70	148.58	.017	1363.88	2.55
SNF/ICF/TRANS IP CARE	59	152	5,947.57	39.13	.000	100.81	.02
OPHTHALMOLOGICAL SERVICES	271	315	14,264.03	45.28	.001	52.63	.04
EXAMINATIONS	270	314	14,228.74	45.31	.001	52.70	.04
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	3,381	11,726	1,720,193.12	146.70	.034	508.78	5.06
PRINCIPAL SURGEON	2,609	3,174	1,476,582.18	465.21	.009	565.96	4.34
ASSISTANT SURGEON	245	248	46,624.26	188.00	.001	190.30	.14
ANESTHESIOLOGIST	905	8,304	196,986.68	23.72	.024	217.66	.58
OUTPATIENT SURGERY	2,249	5,548	437,289.41	78.82	.016	194.44	1.29
PRINCIPAL SURGEON	1,809	2,364	373,081.33	157.82	.007	206.24	1.10
ASSISTANT SURGEON	22	22	3,449.43	156.79	.000	156.79	.01
ANESTHESIOLOGIST	606	3,162	60,758.65	19.22	.009	100.26	.18
DIALYSIS	267	831	74,428.63	89.57	.002	278.76	.22
PATHOLOGY	4,511	14,242	142,684.72	10.02	.042	31.63	.42
RADIOLOGY	7,172	15,046	609,747.63	40.53	.044	85.02	1.79
PSYCHIATRY	13	14	475.39	33.96	.000	36.57	.00
IMMUNIZATION AND INJECTION	848	5,492	154,677.41	28.16	.016	182.40	.45
OTHER SERVICES/ALL X-OVERS	9,783	38,010	617,852.33	16.25	.112	63.16	1.82
@PHARMACY	60,065	388,269	\$ 13,677,459.39	\$ 35.23	1.142	\$ 227.71	\$ 40.22
PRESCRIPTION DRUGS	59,134	199,327	13,171,489.49	66.08	.586	222.74	38.73
SNF/ICF	964	7,296	381,362.82	52.27	.021	395.60	1.12
OUTPATIENTS	58,295	192,031	12,790,126.67	66.60	.565	219.40	37.61
MEDICAL SUPPLIES	4,302	188,942	505,969.90	2.68	.556	117.61	1.49
@DENTIST	53,953	322,830	\$ 9,616,955.72	\$ 29.79	.949	\$ 178.25	\$ 28.28
VISITS - DIAGNOSTIC	37,508	216,336	2,392,991.20	11.06	.636	63.80	7.04
ORAL SURGERY	8,507	19,048	1,119,000.60	58.75	.056	131.54	3.29
DRUGS	1,996	2,734	51,155.00	18.71	.008	25.63	.15
ANESTHESIA	920	933	85,400.00	91.53	.003	92.83	.25
PERIODONTICS	2,476	2,615	366,542.50	140.17	.008	148.04	1.08
ENDODONTICS	5,060	8,666	1,120,048.95	129.25	.025	221.35	3.29
RESTORATIVE DENTISTRY	20,222	62,146	3,694,584.25	59.45	.183	182.70	10.86
PROSTHETICS	156	163	4,301.70	26.39	.000	27.58	.01
DENTURES, STAYPLATES	1,318	4,709	489,947.68	104.04	.014	371.74	1.44
SPACE MAINTAINERS	675	839	90,668.48	108.07	.002	134.32	.27
MAXILLOFACIAL SERVICES	89	98	10,015.32	102.20	.000	112.53	.03
FRACTURES, DISLOCATIONS	1	2	1,550.00	775.00	.000	1550.00	.00

ORTHODONTIC SERVICES	1,981	2,447	184,106.54	75.24	.007	92.94	.54
ALL OTHER SERVICES	1,232	2,094	6,643.50	3.17	.006	5.39	.02

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

PAGE 4,590

01/29/04

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
340,071 ELIGIBLES							
@OPTOMETRIST	2,478	6,650	\$ 156,942.38	\$ 23.60	.020	\$ 63.33	\$.46
DIAGNOSTIC AND ANC. PROCED	1,676	1,692	77,931.06	46.06	.005	46.50	.23
EYE APPLIANCES	1,594	4,671	71,548.01	15.32	.014	44.89	.21
OTHER OPTOMETRIC SERVICES	219	287	7,463.31	26.00	.001	34.08	.02
@CHIROPRACTOR	1,200	1,806	\$ 29,576.03	\$ 16.38	.005	\$ 24.65	\$.09
VISITS	1,176	1,764	29,282.54	16.60	.005	24.90	.09
OTHER SERVICES	24	42	293.49	6.99	.000	12.23	.00
@PODIATRIST	432	914	\$ 12,794.98	\$ 14.00	.003	\$ 29.62	\$.04

MEDICINE/INJECTIONS	83	104		3,503.90	33.69	.000	42.22	.01
SURGERY/ANES.	6	7		508.38	72.63	.000	84.73	.00
RADIO./PATHOLOGY	12	22		380.60	17.30	.000	31.72	.00
OTHER	357	781		8,402.10	10.76	.002	23.54	.02
@HOME HEALTH AGENCY	224	7,808	\$	259,441.27	\$ 33.23	.023	\$ 1158.22	\$.76
NURSE ANESTHESIST	186	1,015	\$	20,733.27	\$ 20.43	.003	\$ 111.47	\$.06
NURSE MIDWIFE	1	3	\$	77.67	\$ 25.89	.000	\$ 77.67	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	25,386	121,863	\$	26,700,486.47	\$ 219.10	.358	\$ 1051.78	\$ 78.51
HOSP INPATIENT TOTAL	4,302	21,238		23,878,683.29	1124.34	.062	5550.60	70.22
HSC HOSPITALS	3,335	15,812		20,141,333.50	1273.80	.046	6039.38	59.23
NON-HSC HOSPITAL TOTAL	493	2,449		3,283,512.16	1340.76	.007	6660.27	9.66
ACCOMMODATIONS	492	2,449		764,564.09	312.19	.007	1553.99	2.25
ADMINISTRATIVE DAYS	14	153		35,157.60	229.79	.000	2511.26	.10
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	480	2,296		729,406.49	317.69	.007	1519.60	2.14
ANCILLARIES	491	0		2,518,948.07	.00	.000	5130.24	7.41
INPATIENT CROSSOVERS	502	2,977		453,837.63	152.45	.009	904.06	1.33
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	23,000	100,625		2,821,803.18	28.04	.296	122.69	8.30
MEDICAL	4,248	6,405		246,898.40	38.55	.019	58.12	.73
SURGERY	1,402	1,794		137,793.85	76.81	.005	98.28	.41
PATHOLOGY	8,386	36,135		399,758.33	11.06	.106	47.67	1.18
RADIOLOGY	4,604	6,423		486,183.91	75.69	.019	105.60	1.43
ROOM USE	11,419	16,880		729,023.67	43.19	.050	63.84	2.14
CROSSOVERS/ALL OTH OUTPTNT	10,630	32,988		822,145.02	24.92	.097	77.34	2.42
@COUNTY HOSPITAL TOTAL	12,343	55,440	\$	13,777,747.65	\$ 248.52	.163	\$ 1116.24	\$ 40.51
CO HOSPITAL INPATIENT TOTAL	2,053	9,530		12,331,500.87	1293.97	.028	6006.58	36.26
HSC HOSPITALS	2,038	9,335		12,287,505.13	1316.28	.027	6029.20	36.13
NON-HSC HOSPITALS TOTAL	5	125		34,586.73	276.69	.000	6917.35	.10
ACCOMMODATIONS	5	125		28,912.50	231.30	.000	5782.50	.09
ADMINISTRATIVE DAYS	5	125		28,912.50	231.30	.000	5782.50	.09
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	5	0		5,674.23	.00	.000	1134.85	.02
INPATIENT CROSSOVERS	13	70		9,409.01	134.41	.000	723.77	.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11,422	45,910		1,446,246.78	31.50	.135	126.62	4.25
MEDICAL	2,272	3,305		109,353.27	33.09	.010	48.13	.32
SURGERY	645	904		97,718.13	108.10	.003	151.50	.29
PATHOLOGY	3,681	16,268		169,730.70	10.43	.048	46.11	.50
RADIOLOGY	1,504	2,116		190,041.03	89.81	.006	126.36	.56
ROOM USE	5,771	9,341		411,503.74	44.05	.027	71.31	1.21
CROSSOVERS/ALL OTH OUTPTNT	4,991	13,976		467,899.91	33.48	.041	93.75	1.38
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 4,591
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							

						----- MONTHLY AVERAGE -----			
340,071 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	13,598	66,423	\$	12,922,738.82	\$ 194.55	.195	\$ 950.34	\$ 38.00	
COMM HOSP INPATIENT TOTAL	2,273	11,708		11,547,182.42	986.26	.034	5080.15	33.96	
HSC HOSPITALS	1,314	6,477		7,853,828.37	1212.57	.019	5977.04	23.09	
NON-HSC HOSPITALS TOTAL	488	2,324		3,248,925.43	1397.99	.007	6657.63	9.55	
ACCOMMODATIONS	487	2,324		735,651.59	316.55	.007	1510.58	2.16	
ADMINISTRATIVE DAYS	9	28		6,245.10	223.04	.000	693.90	.02	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	480	2,296		729,406.49	317.69	.007	1519.60	2.14	
ANCILLARIES	486	0		2,513,273.84	.00	.000	5171.35	7.39	

INPATIENT CROSSOVERS	489	2,907		444,428.62	152.88	.009	908.85	1.31
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12,028	54,715		1,375,556.40	25.14	.161	114.36	4.04
MEDICAL	2,011	3,100		137,545.13	44.37	.009	68.40	.40
SURGERY	763	890		40,075.72	45.03	.003	52.52	.12
PATHOLOGY	4,824	19,867		230,027.63	11.58	.058	47.68	.68
RADIOLOGY	3,136	4,307		296,142.88	68.76	.013	94.43	.87
ROOM USE	5,840	7,539		317,519.93	42.12	.022	54.37	.93
CROSSOVERS/ALL OTH OUTPTNT	5,702	19,012		354,245.11	18.63	.056	62.13	1.04
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1,009	23,300	\$	3,757,310.47	\$ 161.26	.069	\$ 3723.80	\$ 11.05
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	8	232		139,586.50	601.67	.001	17448.31	.41
LEV B-SUBACUTE HSPTL BASED	22	652		353,198.94	541.72	.002	16054.50	1.04
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	984	22,416		3,264,525.03	145.63	.066	3317.61	9.60
@INTERMEDIATE CARE FACIL.-DD	26	798	\$	117,951.01	\$ 147.81	.002	\$ 4536.58	\$.35
ICF DDH	22	651		91,090.82	139.92	.002	4140.49	.27
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	4	147		26,860.19	182.72	.000	6715.05	.08
@HEMODIALYSIS TOTAL	868	16,241	\$	936,506.25	\$ 57.66	.048	\$ 1078.92	\$ 2.75
HOSPITAL BASED	8	12		30,535.17	2544.60	.000	3816.90	.09
HEMODIALYSIS CENTER	860	16,229		905,971.08	55.82	.048	1053.45	2.66
@REHABILITATION FACILITY	31	155	\$	4,017.98	\$ 25.92	.000	\$ 129.61	\$.01
HOSPITAL BASED	25	82		2,751.16	33.55	.000	110.05	.01
INDEPENDENT FACILITY	6	73		1,266.82	17.35	.000	211.14	.00
@LABORATORY FACILITY	7,131	27,883	\$	362,954.02	\$ 13.02	.082	\$ 50.90	\$ 1.07
PATHOLOGY	6,895	27,066		355,285.11	13.13	.080	51.53	1.04
XO AND OTHERS	243	817		7,668.91	9.39	.002	31.56	.02
@ORGANIZED OUTPATIENT CLINIC	60,553	101,327	\$	8,084,111.68	\$ 79.78	.298	\$ 133.50	\$ 23.77
CLINIC	1,524	4,432		129,033.40	29.11	.013	84.67	.38
SURGICENTER	298	943		52,719.44	55.91	.003	176.91	.16
HEROIN DETOX CLINIC	6	65		680.32	10.47	.000	113.39	.00
RURAL HEALTH CLINIC	58,798	95,887		7,901,678.52	82.41	.282	134.39	23.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 4,592
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							

				----- MONTHLY AVERAGE -----			
340,071 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	41,092	624,766	\$ 3,343,925.55	\$ 5.35	1.837	\$ 81.38	\$ 9.83
DURABLE MED. EQUIP.	591	1,725	222,740.87	129.13	.005	376.89	.65
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	119	152	58,108.14	382.29	.000	488.30	.17
MEDICAL TRANSPORTATION	2,492	113,552	706,737.82	6.22	.334	283.60	2.08
AMBULANCES/AIR TRANS	1,801	28,034	370,862.05	13.23	.082	205.92	1.09
OTHER TRANS	632	83,269	201,945.03	2.43	.245	319.53	.59
OTHER SERVICES	177	2,249	133,930.74	59.55	.007	756.67	.39
ACUPUNCTURE	15	59	1,021.84	17.32	.000	68.12	.00
ADULT DAY HEALTH CARE CTR	211	3,434	237,012.14	69.02	.010	1123.28	.70
GENETIC DISEASE TESTING	1,803	1,806	186,117.25	103.05	.005	103.23	.55
IHMC,MODEL-NF,NF,AIDS,MSSP	120	2,398	100,800.49	42.04	.007	840.00	.30
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9,219	19,849	206,252.76	10.39	.058	22.37	.61
PHYSICAL THERAPIST	63	181	8,022.22	44.32	.001	127.34	.02
PORTABLE X-RAY	10	29	418.72	14.44	.000	41.87	.00
PROSTHETIST/ORTHOTISTS	549	1,320	88,601.96	67.12	.004	161.39	.26

PROSTHETICS	369	1,080	68,154.06	63.11	.003	184.70	.20
ORTHOTICS	233	240	20,447.90	85.20	.001	87.76	.06
PSYCHOLOGIST	39	130	5,221.66	40.17	.000	133.89	.02
SPEECH AND AUDIOLOGY	222	649	51,129.09	78.78	.002	230.31	.15
HOSPICE SERVICES	45	896	101,661.74	113.46	.003	2259.15	.30
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	23,427	145,444	1,109,455.70	7.63	.428	47.36	3.26
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,159	333,142	260,623.15	.78	.980	82.50	.77
@CALIF. CHILDREN SERVICES*	4,704	93,726	\$ 10,523,457.01	\$ 112.28	.276	\$ 2237.13	\$ 30.94
@XOVER EXCLUDING STATE HOSP**	10,464	110,800	\$ 1,987,430.66	\$ 17.94	.326	\$ 189.93	\$ 5.84

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,593
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

626 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	852	14,279	\$ 698,411.00	\$ 48.91	22.810	\$ 819.73	\$ 1115.67
@PHYSICIANS SERVICES	171	1,369	\$ 8,626.79	\$ 6.30	2.187	\$ 50.45	\$ 13.78
OUTPATIENT VISITS	4	4	167.97	41.99	.006	41.99	.27
OFFICE VISITS	3	3	99.62	33.21	.005	33.21	.16
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.002	68.35	.11
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	5	303.88	60.78	.008	75.97	.49
HOSPITAL VISITS	4	5	303.88	60.78	.008	75.97	.49
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	10	590.68	59.07	.016	196.89	.94
PRINCIPAL SURGEON	2	2	520.30	260.15	.003	260.15	.83
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	70.38	8.80	.013	70.38	.11
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	10	19.98	2.00	.016	5.00	.03
RADIOLOGY	2	3	32.90	10.97	.005	16.45	.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	161	1,337	7,511.38	5.62	2.136	46.65	12.00
@PHARMACY	472	2,961	\$ 190,996.92	\$ 64.50	4.730	\$ 404.65	\$ 305.11
PRESCRIPTION DRUGS	456	2,393	188,296.75	78.69	3.823	412.93	300.79
SNF/ICF	98	788	26,664.81	33.84	1.259	272.09	42.60
OUTPATIENTS	363	1,605	161,631.94	100.71	2.564	445.27	258.20
MEDICAL SUPPLIES	43	568	2,700.17	4.75	.907	62.79	4.31
@DENTIST	83	430	\$ 19,090.00	\$ 44.40	.687	\$ 230.00	\$ 30.50
VISITS - DIAGNOSTIC	44	202	1,734.00	8.58	.323	39.41	2.77
ORAL SURGERY	17	94	4,059.00	43.18	.150	238.76	6.48

DRUGS	2	4	15.00	3.75	.006	7.50	.02
ANESTHESIA	4	4	100.00	25.00	.006	25.00	.16
PERIODONTICS	9	9	773.00	85.89	.014	85.89	1.23
ENDODONTICS	6	8	2,010.00	251.25	.013	335.00	3.21
RESTORATIVE DENTISTRY	20	48	3,484.00	72.58	.077	174.20	5.57
PROSTHETICS	1	1	.00	.00	.002	.00	.00
DENTURES, STAYPLATES	20	51	6,915.00	135.59	.081	345.75	11.05
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	9	.00	.00	.014	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,594
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

626 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	13	32	\$ 644.94	\$ 20.15	.051	\$ 49.61	\$ 1.03
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.003	47.45	.15
EYE APPLIANCES	10	28	478.78	17.10	.045	47.88	.76
OTHER OPTOMETRIC SERVICES	2	2	71.26	35.63	.003	35.63	.11
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	6	8	\$ 82.01	\$ 10.25	.013	\$ 13.67	\$.13
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	6	8	82.01	10.25	.013	13.67	.13
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	83	585	\$ 65,569.00	\$ 112.08	.935	\$ 789.99	\$ 104.74
HOSP INPATIENT TOTAL	43	312	60,302.85	193.28	.498	1402.39	96.33
HSC HOSPITALS	3	19	18,310.06	963.69	.030	6103.35	29.25
NON-HSC HOSPITAL TOTAL	1	5	38.51	7.70	.008	38.51	.06
ACCOMMODATIONS	1	5	435.99	87.20	.008	435.99	.70
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	435.99	87.20	.008	435.99	.70
ANCILLARIES	1	0	397.48CR	.00	.000	397.48CR	.63CR
INPATIENT CROSSOVERS	40	288	41,954.28	145.67	.460	1048.86	67.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	41	273	5,266.15	19.29	.436	128.44	8.41
MEDICAL	3	4	68.48	17.12	.006	22.83	.11
SURGERY	1	1	20.11	20.11	.002	20.11	.03
PATHOLOGY	2	14	108.37	7.74	.022	54.19	.17
RADIOLOGY	2	2	33.95	16.98	.003	16.98	.05
ROOM USE	3	4	128.88	32.22	.006	42.96	.21
CROSSOVERS/ALL OTH OUTPTNT	39	248	4,906.36	19.78	.396	125.80	7.84
@COUNTY HOSPITAL TOTAL	7	28	\$ 1,050.49	\$ 37.52	.045	\$ 150.07	\$ 1.68
CO HOSPITAL INPATIENT TOTAL	1	19	840.00	44.21	.030	840.00	1.34
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	19	840.00	44.21	.030	840.00	1.34
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	9	210.49	23.39	.014	35.08	.34
MEDICAL	1	1	22.14	22.14	.002	22.14	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	2	72.35	36.18	.003	72.35	.12
CROSSOVERS/ALL OTH OUTPTNT	4	6	116.00	19.33	.010	29.00	.19

626 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST
MONTHLY AVERAGE

UNITS/DAYS
COST PER

COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	76	557	\$	64,518.51	\$ 115.83	.890	\$ 848.93	\$ 103.06
COMM HOSP INPATIENT TOTAL	42	293		59,462.85	202.94	.468	1415.78	94.99
HSC HOSPITALS	3	19		18,310.06	963.69	.030	6103.35	29.25
NON-HSC HOSPITALS TOTAL	1	5		38.51	7.70	.008	38.51	.06
ACCOMMODATIONS	1	5		435.99	87.20	.008	435.99	.70
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5		435.99	87.20	.008	435.99	.70
ANCILLARIES	1	0		397.48CR	.00	.000	397.48CR	.63CR
INPATIENT CROSSOVERS	39	269		41,114.28	152.84	.430	1054.21	65.68
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35	264		5,055.66	19.15	.422	144.45	8.08
MEDICAL	2	3		46.34	15.45	.005	23.17	.07
SURGERY	1	1		20.11	20.11	.002	20.11	.03
PATHOLOGY	2	14		108.37	7.74	.022	54.19	.17
RADIOLOGY	2	2		33.95	16.98	.003	16.98	.05
ROOM USE	2	2		56.53	28.27	.003	28.27	.09
CROSSOVERS/ALL OTH OUTPTNT	35	242		4,790.36	19.79	.387	136.87	7.65
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	148	3,043	\$	354,814.44	\$ 116.60	4.861	\$ 2397.39	\$ 566.80
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	148	3,043		354,814.44	116.60	4.861	2397.39	566.80
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	26	29	\$	8,763.73	\$ 302.20	.046	\$ 337.07	\$ 14.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	26	29		8,763.73	302.20	.046	337.07	14.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	24	\$	183.87	\$ 7.66	.038	\$ 18.39	\$.29
PATHOLOGY	7	18		170.51	9.47	.029	24.36	.27
XO AND OTHERS	3	6		13.36	2.23	.010	4.45	.02
@ORGANIZED OUTPATIENT CLINIC	53	107	\$	6,474.93	\$ 60.51	.171	\$ 122.17	\$ 10.34
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	4	5		535.46	107.09	.008	133.87	.86
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	49	102		5,939.47	58.23	.163	121.21	9.49

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - AGED

AID CODE 17 1Y

626 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	148	5,691	\$ 43,164.37	\$ 7.58	9.091	\$ 291.65	\$ 68.95
DURABLE MED. EQUIP.	9	257	4,669.56	18.17	.411	518.84	7.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	4	5	3,543.04	708.61	.008	885.76	5.66
MEDICAL TRANSPORTATION	60	5,046	16,047.35	3.18	8.061	267.46	25.63
AMBULANCES/AIR TRANS	2	6	245.89	40.98	.010	122.95	.39
OTHER TRANS	55	5,029	15,689.20	3.12	8.034	285.26	25.06

OTHER SERVICES	3	11	112.26	10.21	.018	37.42	.18
ACUPUNCTURE	3	19	294.67	15.51	.030	98.22	.47
ADULT DAY HEALTH CARE CTR	4	68	4,364.49	64.18	.109	1091.12	6.97
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	25	302.93	12.12	.040	25.24	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	105.98	52.99	.003	105.98	.17
PROSTHETICS	1	2	105.98	52.99	.003	105.98	.17
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	4	4.39	1.10	.006	4.39	.01
HOSPICE SERVICES	3	79	8,191.65	103.69	.126	2730.55	13.09
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	60	186	5,640.31	30.32	.297	94.01	9.01
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	295	2,115	\$ 111,118.32	\$ 52.54	3.379	\$ 376.67	\$ 177.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,597
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	15	146	\$ 12,856.28	\$ 88.06	18.250	\$ 857.09	\$ 1607.04	
@PHYSICIANS SERVICES	8	36	\$ 2,442.21	\$ 67.84	4.500	\$ 305.28	\$ 305.28	
OUTPATIENT VISITS	3	3	163.16	54.39	.375	54.39	20.40	
OFFICE VISITS	1	1	37.50	37.50	.125	37.50	4.69	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	2	2	125.66	62.83	.250	62.83	15.71	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	2	22	916.14	41.64	2.750	458.07	114.52	
HOSPITAL VISITS	2	22	916.14	41.64	2.750	458.07	114.52	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	2	2	532.39	266.20	.250	266.20	66.55	
PRINCIPAL SURGEON	2	2	532.39	266.20	.250	266.20	66.55	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	1	2	565.34	282.67	.250	565.34	70.67	
PRINCIPAL SURGEON	1	2	565.34	282.67	.250	565.34	70.67	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	4	5	175.48	35.10	.625	43.87	21.94	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	

IMMUNIZATION AND INJECTION	0	0		.00		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		89.70		44.85		.250		44.85		11.21
@PHARMACY	7	27	\$	2,698.25	\$	99.94		3.375	\$	385.46	\$	337.28
PRESCRIPTION DRUGS	5	14		768.08		54.86		1.750		153.62		96.01
SNF/ICF	0	0		.00		.00		.000		.00		.00
OUTPATIENTS	5	14		768.08		54.86		1.750		153.62		96.01
MEDICAL SUPPLIES	3	13		1,930.17		148.47		1.625		643.39		241.27
@DENTIST	0	0	\$	.00	\$	.00		.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00		.000		.00		.00
ORAL SURGERY	0	0		.00		.00		.000		.00		.00
DRUGS	0	0		.00		.00		.000		.00		.00
ANESTHESIA	0	0		.00		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.00		.000		.00		.00
ENDODONTICS	0	0		.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00		.000		.00		.00
PROSTHETICS	0	0		.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00		.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00		.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - BLIND

AID CODE 27

PAGE 4,598 01/29/04

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	3	14	\$ 1,048.04	\$ 74.86	1.750	\$ 349.35	\$ 131.01
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	6	45	\$ 6,424.69	\$ 142.77	5.625	\$ 1070.78	\$ 803.09
HOSP INPATIENT TOTAL	1	5	5,400.00	1080.00	.625	5400.00	675.00
HSC HOSPITALS	1	5	5,400.00	1080.00	.625	5400.00	675.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	40	1,024.69	25.62	5.000	204.94	128.09
MEDICAL	2	2	68.38	34.19	.250	34.19	8.55
SURGERY	1	1	13.43	13.43	.125	13.43	1.68
PATHOLOGY	2	21	248.43	11.83	2.625	124.22	31.05

RADIOLOGY	3	5	531.82	106.36	.625	177.27	66.48
ROOM USE	3	4	105.83	26.46	.500	35.28	13.23
CROSSOVERS/ALL OTH OUTPTNT	2	7	56.80	8.11	.875	28.40	7.10
@COUNTY HOSPITAL TOTAL	5	32	\$ 875.93	\$ 27.37	4.000	\$ 175.19	\$ 109.49
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	32	875.93	27.37	4.000	175.19	109.49
MEDICAL	2	2	68.38	34.19	.250	34.19	8.55
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	20	167.50	8.38	2.500	83.75	20.94
RADIOLOGY	3	5	531.82	106.36	.625	177.27	66.48
ROOM USE	3	4	105.83	26.46	.500	35.28	13.23
CROSSOVERS/ALL OTH OUTPTNT	1	1	2.40	2.40	.125	2.40	.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,599
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND						AID CODE 27

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	13	\$ 5,548.76	\$ 426.83	1.625	\$ 2774.38	\$ 693.60
COMM HOSP INPATIENT TOTAL	1	5	5,400.00	1080.00	.625	5400.00	675.00
HSC HOSPITALS	1	5	5,400.00	1080.00	.625	5400.00	675.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	8	148.76	18.60	1.000	148.76	18.60
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	13.43	13.43	.125	13.43	1.68
PATHOLOGY	1	1	80.93	80.93	.125	80.93	10.12
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	6	54.40	9.07	.750	54.40	6.80
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	2	5	\$	54.66	\$	10.93	.625	\$ 27.33	\$ 6.83	
PATHOLOGY	2	5		54.66		10.93	.625	27.33	6.83	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									PAGE 4,600
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND									AID CODE 27

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	19	\$ 188.43	\$ 9.92	2.375	\$ 188.43	\$ 23.55
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	19	188.43	9.92	2.375	188.43	23.55
AMBULANCES/AIR TRANS	1	19	188.43	9.92	2.375	188.43	23.55
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,601
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,296	14,955	\$ 1,411,733.79	\$ 94.40	16.081	\$ 1089.30	\$ 1517.99
@PHYSICIANS SERVICES	434	2,904	\$ 96,378.00	\$ 33.19	3.123	\$ 222.07	\$ 103.63
OUTPATIENT VISITS	107	150	8,037.79	53.59	.161	75.12	8.64
OFFICE VISITS	46	67	2,158.95	32.22	.072	46.93	2.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	59	75	5,747.96	76.64	.081	97.42	6.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	8	130.88	16.36	.009	21.81	.14
INPATIENT VISITS	95	655	32,092.93	49.00	.704	337.82	34.51
HOSPITAL VISITS	92	579	23,923.09	41.32	.623	260.03	25.72
CRITICAL CARE	13	70	7,885.00	112.64	.075	606.54	8.48
SNF/ICF/TRANS IP CARE	3	6	284.84	47.47	.006	94.95	.31
OPHTHALMOLOGICAL SERVICES	2	4	159.58	39.90	.004	79.79	.17
EXAMINATIONS	2	4	159.58	39.90	.004	79.79	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	47	148	15,287.21	103.29	.159	325.26	16.44
PRINCIPAL SURGEON	39	54	13,194.80	244.35	.058	338.33	14.19

ASSISTANT SURGEON	1	1		286.67	286.67	.001	286.67	.31
ANESTHESIOLOGIST	9	93		1,805.74	19.42	.100	200.64	1.94
OUTPATIENT SURGERY	23	43		5,314.94	123.60	.046	231.08	5.71
PRINCIPAL SURGEON	19	22		4,810.65	218.67	.024	253.19	5.17
ASSISTANT SURGEON	1	1		139.61	139.61	.001	139.61	.15
ANESTHESIOLOGIST	3	20		364.68	18.23	.022	121.56	.39
DIALYSIS	2	13		504.44	38.80	.014	252.22	.54
PATHOLOGY	38	308		2,037.39	6.61	.331	53.62	2.19
RADIOLOGY	90	406		13,294.44	32.74	.437	147.72	14.30
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	400		6,608.02	16.52	.430	944.00	7.11
OTHER SERVICES/ALL X-OVERS	235	777		13,041.26	16.78	.835	55.49	14.02
@PHARMACY	724	6,782	\$	613,409.88	\$ 90.45	7.292	\$ 847.25	\$ 659.58
PRESCRIPTION DRUGS	696	3,988		601,957.49	150.94	4.288	864.88	647.27
SNF/ICF	17	178		7,905.39	44.41	.191	465.02	8.50
OUTPATIENTS	681	3,810		594,052.10	155.92	4.097	872.32	638.77
MEDICAL SUPPLIES	93	2,794		11,452.39	4.10	3.004	123.14	12.31
@DENTIST	119	643	\$	20,360.60	\$ 31.67	.691	\$ 171.10	\$ 21.89
VISITS - DIAGNOSTIC	73	373		2,649.00	7.10	.401	36.29	2.85
ORAL SURGERY	25	114		3,691.00	32.38	.123	147.64	3.97
DRUGS	2	4		60.00	15.00	.004	30.00	.06
ANESTHESIA	2	2		200.00	100.00	.002	100.00	.22
PERIODONTICS	12	13		849.45	65.34	.014	70.79	.91
ENDODONTICS	6	7		1,423.00	203.29	.008	237.17	1.53
RESTORATIVE DENTISTRY	40	92		6,277.15	68.23	.099	156.93	6.75
PROSTHETICS	1	1		.00	.00	.001	.00	.00
DENTURES, STAYPLATES	11	28		5,211.00	186.11	.030	473.73	5.60
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	10	9		.00	.00	.010	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 4,602
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

930 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	22	58	\$	1,465.94	\$ 25.27	.062	\$ 66.63	\$ 1.58
DIAGNOSTIC AND ANC. PROCED	16	16		752.20	47.01	.017	47.01	.81
EYE APPLIANCES	15	42		713.74	16.99	.045	47.58	.77
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	3	7	\$	13.72	\$ 1.96	.008	\$ 4.57	\$.01
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	3	7		13.72	1.96	.008	4.57	.01
@HOME HEALTH AGENCY	11	38	\$	2,606.09	\$ 68.58	.041	\$ 236.92	\$ 2.80
NURSE ANESTHESIST	1	3	\$	51.90	\$ 17.30	.003	\$ 51.90	\$.06
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	301	2,424	\$	565,171.10	\$ 233.16	2.606	\$ 1877.64	\$ 607.71
HOSP INPATIENT TOTAL	88	646		490,887.55	759.89	.695	5578.27	527.84
HSC HOSPITALS	48	339		341,768.12	1008.17	.365	7120.17	367.49
NON-HSC HOSPITAL TOTAL	14	114		132,013.86	1158.02	.123	9429.56	141.95
ACCOMMODATIONS	14	114		42,535.31	373.12	.123	3038.24	45.74

ADMINISTRATIVE DAYS	1	4	693.90	173.48	.004	693.90	.75
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	110	41,841.41	380.38	.118	3218.57	44.99
ANCILLARIES	14	0	89,478.55	.00	.000	6391.33	96.21
INPATIENT CROSSOVERS	28	193	17,105.57	88.63	.208	610.91	18.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	235	1,778	74,283.55	41.78	1.912	316.10	79.87
MEDICAL	75	140	3,579.26	25.57	.151	47.72	3.85
SURGERY	19	19	3,743.61	197.03	.020	197.03	4.03
PATHOLOGY	71	510	5,060.77	9.92	.548	71.28	5.44
RADIOLOGY	53	83	9,836.03	118.51	.089	185.59	10.58
ROOM USE	91	182	6,169.48	33.90	.196	67.80	6.63
CROSSOVERS/ALL OTH OUTPTNT	125	844	45,894.40	54.38	.908	367.16	49.35
@COUNTY HOSPITAL TOTAL	158	1,142	\$ 215,657.99	\$ 188.84	1.228	\$ 1364.92	\$ 231.89
CO HOSPITAL INPATIENT TOTAL	33	192	158,564.16	825.86	.206	4804.97	170.50
HSC HOSPITALS	27	139	154,017.57	1108.04	.149	5704.35	165.61
NON-HSC HOSPITALS TOTAL	1	4	1,100.84	275.21	.004	1100.84	1.18
ACCOMMODATIONS	1	4	693.90	173.48	.004	693.90	.75
ADMINISTRATIVE DAYS	1	4	693.90	173.48	.004	693.90	.75
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	406.94	.00	.000	406.94	.44
INPATIENT CROSSOVERS	5	49	3,445.75	70.32	.053	689.15	3.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	137	950	57,093.83	60.10	1.022	416.74	61.39
MEDICAL	58	113	2,730.20	24.16	.122	47.07	2.94
SURGERY	12	12	3,548.37	295.70	.013	295.70	3.82
PATHOLOGY	37	330	3,297.89	9.99	.355	89.13	3.55
RADIOLOGY	27	47	7,278.77	154.87	.051	269.58	7.83
ROOM USE	59	137	4,751.88	34.69	.147	80.54	5.11
CROSSOVERS/ALL OTH OUTPTNT	45	311	35,486.72	114.11	.334	788.59	38.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,603
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	154	1,282	\$ 349,513.11	\$ 272.63	1.378	\$ 2269.57	\$ 375.82
COMM HOSP INPATIENT TOTAL	56	454	332,323.39	731.99	.488	5934.35	357.34
HSC HOSPITALS	22	200	187,750.55	938.75	.215	8534.12	201.88
NON-HSC HOSPITALS TOTAL	13	110	130,913.02	1190.12	.118	10070.23	140.77
ACCOMMODATIONS	13	110	41,841.41	380.38	.118	3218.57	44.99
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	110	41,841.41	380.38	.118	3218.57	44.99
ANCILLARIES	13	0	89,071.61	.00	.000	6851.66	95.78
INPATIENT CROSSOVERS	23	144	13,659.82	94.86	.155	593.91	14.69
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	105	828	17,189.72	20.76	.890	163.71	18.48
MEDICAL	17	27	849.06	31.45	.029	49.94	.91
SURGERY	7	7	195.24	27.89	.008	27.89	.21
PATHOLOGY	35	180	1,762.88	9.79	.194	50.37	1.90
RADIOLOGY	26	36	2,557.26	71.04	.039	98.36	2.75
ROOM USE	33	45	1,417.60	31.50	.048	42.96	1.52
CROSSOVERS/ALL OTH OUTPTNT	82	533	10,407.68	19.53	.573	126.92	11.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13	326	\$ 35,839.91	\$ 109.94	.351	\$ 2756.92	\$ 38.54
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	13	326	35,839.91	109.94	.351	2756.92	38.54
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	37	339	\$ 29,752.17	\$ 87.76	.365	\$ 804.11	\$ 31.99
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	37	339	29,752.17	87.76	.365	804.11	31.99
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	62	267	\$ 3,424.72	\$ 12.83	.287	\$ 55.24	\$ 3.68
PATHOLOGY	61	265	3,374.92	12.74	.285	55.33	3.63
XO AND OTHERS	2	2	49.80	24.90	.002	24.90	.05
@ORGANIZED OUTPATIENT CLINIC	94	189	\$ 13,121.86	\$ 69.43	.203	\$ 139.59	\$ 14.11
CLINIC	2	5	171.61	34.32	.005	85.81	.18
SURGICENTER	10	36	1,169.79	32.49	.039	116.98	1.26
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	82	148	11,780.46	79.60	.159	143.66	12.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,604
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y						

930 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	137	975	\$ 30,137.90	\$ 30.91	1.048	\$ 219.98	\$ 32.41
DURABLE MED. EQUIP.	19	71	8,412.17	118.48	.076	442.75	9.05
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.001	25.00	.03
MEDICAL TRANSPORTATION	50	710	11,405.16	16.06	.763	228.10	12.26
AMBULANCES/AIR TRANS	43	576	7,349.18	12.76	.619	170.91	7.90
OTHER TRANS	8	49	272.88	5.57	.053	34.11	.29
OTHER SERVICES	3	85	3,783.10	44.51	.091	1261.03	4.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	6.39	.00	.000	.00	.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	32	71	908.84	12.80	.076	28.40	.98
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	4	91.08	22.77	.004	22.77	.10
PROSTHETICS	4	4	91.08	22.77	.004	22.77	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	1,473.66	1473.66	.001	1473.66	1.58
HOSPICE SERVICES	2	33	3,729.61	113.02	.035	1864.81	4.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	84	4,085.99	48.64	.090	123.82	4.39
@CALIF. CHILDREN SERVICES*	1	1	\$ 964.14	\$ 964.14	.001	\$ 964.14	\$ 1.04
@XOVER EXCLUDING STATE HOSP**	284	2,729	\$ 67,351.87	\$ 24.68	2.934	\$ 237.15	\$ 72.42

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,605
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						----- MONTHLY AVERAGE -----		
1,385 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,848	14,155	\$ 1,188,480.37	\$ 83.96	10.220	\$ 643.12	\$ 858.11	
@PHYSICIANS SERVICES	860	3,217	\$ 158,657.19	\$ 49.32	2.323	\$ 184.49	\$ 114.55	
OUTPATIENT VISITS	408	558	24,169.78	43.32	.403	59.24	17.45	
OFFICE VISITS	198	288	8,876.75	30.82	.208	44.83	6.41	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	202	229	13,832.58	60.40	.165	68.48	9.99	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	13	33	1,270.93	38.51	.024	97.76	.92	

OTHER OUTPATIENT	8	8	189.52	23.69	.006	23.69	.14
INPATIENT VISITS	107	445	21,780.99	48.95	.321	203.56	15.73
HOSPITAL VISITS	104	406	17,327.01	42.68	.293	166.61	12.51
CRITICAL CARE	12	39	4,453.98	114.20	.028	371.17	3.22
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	69.30	34.65	.001	34.65	.05
EXAMINATIONS	2	2	69.30	34.65	.001	34.65	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	118	625	58,380.28	93.41	.451	494.75	42.15
PRINCIPAL SURGEON	78	116	45,383.17	391.23	.084	581.84	32.77
ASSISTANT SURGEON	14	16	2,493.73	155.86	.012	178.12	1.80
ANESTHESIOLOGIST	45	493	10,503.38	21.31	.356	233.41	7.58
OUTPATIENT SURGERY	71	189	12,245.99	64.79	.136	172.48	8.84
PRINCIPAL SURGEON	54	64	9,746.98	152.30	.046	180.50	7.04
ASSISTANT SURGEON	1	1	134.77	134.77	.001	134.77	.10
ANESTHESIOLOGIST	17	124	2,364.24	19.07	.090	139.07	1.71
DIALYSIS	1	12	608.45	50.70	.009	608.45	.44
PATHOLOGY	104	257	4,414.02	17.18	.186	42.44	3.19
RADIOLOGY	256	744	27,241.81	36.62	.537	106.41	19.67
PSYCHIATRY	1	1	23.22	23.22	.001	23.22	.02
IMMUNIZATION AND INJECTION	28	47	462.70	9.84	.034	16.53	.33
OTHER SERVICES/ALL X-OVERS	139	337	9,260.65	27.48	.243	66.62	6.69
@PHARMACY	486	4,053	\$ 140,051.49	\$ 34.56	2.926	\$ 288.17	\$ 101.12
PRESCRIPTION DRUGS	471	1,415	136,924.41	96.77	1.022	290.71	98.86
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	471	1,415	136,924.41	96.77	1.022	290.71	98.86
MEDICAL SUPPLIES	41	2,638	3,127.08	1.19	1.905	76.27	2.26
@DENTIST	198	1,077	\$ 34,642.16	\$ 32.17	.778	\$ 174.96	\$ 25.01
VISITS - DIAGNOSTIC	121	591	3,696.00	6.25	.427	30.55	2.67
ORAL SURGERY	36	94	4,734.00	50.36	.068	131.50	3.42
DRUGS	10	21	180.00	8.57	.015	18.00	.13
ANESTHESIA	11	11	500.00	45.45	.008	45.45	.36
PERIODONTICS	12	12	1,501.35	125.11	.009	125.11	1.08
ENDODONTICS	13	16	3,155.00	197.19	.012	242.69	2.28
RESTORATIVE DENTISTRY	72	257	17,058.81	66.38	.186	236.93	12.32
PROSTHETICS	2	2	75.00	37.50	.001	37.50	.05
DENTURES, STAYPLATES	13	38	3,722.00	97.95	.027	286.31	2.69
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	12	15	20.00	1.33	.011	1.67	.01
ALL OTHER SERVICES	7	20	.00	.00	.014	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PAGE 4,606 01/29/04

	1,385 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	38	118	\$	2,740.30	\$ 23.22	.085	\$ 72.11	\$ 1.98
DIAGNOSTIC AND ANC. PROCED	33	33		1,453.37	44.04	.024	44.04	1.05
EYE APPLIANCES	28	84		1,218.03	14.50	.061	43.50	.88
OTHER OPTOMETRIC SERVICES	1	1		68.90	68.90	.001	68.90	.05
@CHIROPRACTOR	3	3	\$	33.44	\$ 11.15	.002	\$ 11.15	\$.02
VISITS	3	3		33.44	11.15	.002	11.15	.02
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	4	8	\$	222.70	\$ 27.84	.006	\$ 55.68	\$.16
MEDICINE/INJECTIONS	3	3		90.60	30.20	.002	30.20	.07
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.001	34.60	.02
OTHER	2	3		97.50	32.50	.002	48.75	.07

@HOME HEALTH AGENCY	11	216	\$	14,184.03	\$	65.67	.156	\$	1289.46	\$	10.24
NURSE ANESTHESIST	6	26	\$	540.55	\$	20.79	.019	\$	90.09	\$	.39
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	608	3,887	\$	785,108.93	\$	201.98	2.806	\$	1291.30	\$	566.87
HOSP INPATIENT TOTAL	119	560		679,139.93		1212.75	.404		5707.06		490.35
HSC HOSPITALS	96	459		516,444.22		1125.15	.331		5379.63		372.88
NON-HSC HOSPITAL TOTAL	24	101		162,695.71		1610.85	.073		6778.99		117.47
ACCOMMODATIONS	24	101		23,147.18		229.18	.073		964.47		16.71
ADMINISTRATIVE DAYS	1	3		693.90		231.30	.002		693.90		.50
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	98		22,453.28		229.12	.071		976.23		16.21
ANCILLARIES	23	0		139,548.53		.00	.000		6067.33		100.76
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	516	3,327		105,969.00		31.85	2.402		205.37		76.51
MEDICAL	161	264		15,286.82		57.90	.191		94.95		11.04
SURGERY	66	72		9,640.79		133.90	.052		146.07		6.96
PATHOLOGY	244	1,323		12,292.91		9.29	.955		50.38		8.88
RADIOLOGY	189	303		21,302.73		70.31	.219		112.71		15.38
ROOM USE	306	534		21,099.80		39.51	.386		68.95		15.23
CROSSOVERS/ALL OTH OUTPTNT	188	831		26,345.95		31.70	.600		140.14		19.02
@COUNTY HOSPITAL TOTAL	333	2,039	\$	408,268.54	\$	200.23	1.472	\$	1226.03	\$	294.78
CO HOSPITAL INPATIENT TOTAL	62	284		332,096.54		1169.35	.205		5356.40		239.78
HSC HOSPITALS	62	284		332,096.54		1169.35	.205		5356.40		239.78
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	288	1,755		76,172.00		43.40	1.267		264.49		55.00
MEDICAL	99	177		12,332.73		69.68	.128		124.57		8.90
SURGERY	41	48		8,588.77		178.93	.035		209.48		6.20
PATHOLOGY	100	549		4,966.59		9.05	.396		49.67		3.59
RADIOLOGY	79	131		12,268.82		93.66	.095		155.30		8.86
ROOM USE	169	356		15,210.83		42.73	.257		90.00		10.98
CROSSOVERS/ALL OTH OUTPTNT	78	494		22,804.26		46.16	.357		292.36		16.47

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,607

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

KERN COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	1,385 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	287	1,848	\$	376,840.39	\$ 203.92	1.334	\$ 1313.03	\$ 272.09
COMM HOSP INPATIENT TOTAL	58	276		347,043.39	1257.40	.199	5983.51	250.57
HSC HOSPITALS	35	175		184,347.68	1053.42	.126	5267.08	133.10
NON-HSC HOSPITALS TOTAL	24	101		162,695.71	1610.85	.073	6778.99	117.47
ACCOMMODATIONS	24	101		23,147.18	229.18	.073	964.47	16.71
ADMINISTRATIVE DAYS	1	3		693.90	231.30	.002	693.90	.50
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	98		22,453.28	229.12	.071	976.23	16.21
ANCILLARIES	23	0		139,548.53	.00	.000	6067.33	100.76
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	238	1,572		29,797.00	18.95	1.135	125.20	21.51
MEDICAL	63	87		2,954.09	33.96	.063	46.89	2.13

SURGERY	25	24	1,052.02	43.83	.017	42.08	.76
PATHOLOGY	147	774	7,326.32	9.47	.559	49.84	5.29
RADIOLOGY	111	172	9,033.91	52.52	.124	81.39	6.52
ROOM USE	143	178	5,888.97	33.08	.129	41.18	4.25
CROSSOVERS/ALL OTH OUTPTNT	114	337	3,541.69	10.51	.243	31.07	2.56
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 46.80	\$ 46.80	.001	\$ 46.80	\$.03
HOSPITAL BASED	1	1	46.80	46.80	.001	46.80	.03
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	88	367	\$ 4,483.75	\$ 12.22	.265	\$ 50.95	\$ 3.24
PATHOLOGY	88	367	4,483.75	12.22	.265	50.95	3.24
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	141	254	\$ 21,427.57	\$ 84.36	.183	\$ 151.97	\$ 15.47
CLINIC	21	51	1,273.57	24.97	.037	60.65	.92
SURGICENTER	3	17	564.44	33.20	.012	188.15	.41
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	117	186	19,589.56	105.32	.134	167.43	14.14
#CALIF DEPT OF HEALTH SERV			MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003				PAGE 4,608
MOP024			FEE-FOR-SERVICE/DENTAL				01/29/04
KERN COUNTY			SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37				

1,385 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	136	928	\$ 26,341.46	\$ 28.39	.670	\$ 193.69	\$ 19.02
DURABLE MED. EQUIP.	7	18	11,332.80	629.60	.013	1618.97	8.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	69	675	12,034.22	17.83	.487	174.41	8.69
AMBULANCES/AIR TRANS	69	674	9,784.22	14.52	.487	141.80	7.06
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	2,250.00	2250.00	.001	2250.00	1.62
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	315.00	105.00	.002	105.00	.23
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	46	104	2,198.52	21.14	.075	47.79	1.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	80.69	80.69	.001	80.69	.06
PROSTHETICS	1	1	80.69	80.69	.001	80.69	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	27	293.16	10.86	.019	29.32	.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	100	87.07	.87	.072	87.07	.06
@CALIF. CHILDREN SERVICES*	23	304	\$ 108,479.61	\$ 356.84	.219	\$ 4716.50	\$ 78.32
@XOVER EXCLUDING STATE HOSP**	17	1,942	\$ 333.17	\$.17	1.402	\$ 19.60	\$.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,609
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

2,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,011	43,535	\$ 3,311,481.44	\$ 76.06	14.763	\$ 825.60	\$ 1122.92
@PHYSICIANS SERVICES	1,473	7,526	\$ 266,104.19	\$ 35.36	2.552	\$ 180.65	\$ 90.24
OUTPATIENT VISITS	522	715	32,538.70	45.51	.242	62.33	11.03
OFFICE VISITS	248	359	11,172.82	31.12	.122	45.05	3.79
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	264	307	19,774.55	64.41	.104	74.90	6.71
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	13	33	1,270.93	38.51	.011	97.76	.43
OTHER OUTPATIENT	14	16	320.40	20.03	.005	22.89	.11
INPATIENT VISITS	208	1,127	55,093.94	48.89	.382	264.87	18.68
HOSPITAL VISITS	202	1,012	42,470.12	41.97	.343	210.25	14.40
CRITICAL CARE	25	109	12,338.98	113.20	.037	493.56	4.18
SNF/ICF/TRANS IP CARE	3	6	284.84	47.47	.002	94.95	.10
OPHTHALMOLOGICAL SERVICES	4	6	228.88	38.15	.002	57.22	.08
EXAMINATIONS	4	6	228.88	38.15	.002	57.22	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	170	785	74,790.56	95.27	.266	439.94	25.36
PRINCIPAL SURGEON	121	174	59,630.66	342.70	.059	492.82	20.22
ASSISTANT SURGEON	15	17	2,780.40	163.55	.006	185.36	.94
ANESTHESIOLOGIST	55	594	12,379.50	20.84	.201	225.08	4.20
OUTPATIENT SURGERY	95	234	18,126.27	77.46	.079	190.80	6.15
PRINCIPAL SURGEON	74	88	15,122.97	171.85	.030	204.36	5.13
ASSISTANT SURGEON	2	2	274.38	137.19	.001	137.19	.09
ANESTHESIOLOGIST	20	144	2,728.92	18.95	.049	136.45	.93
DIALYSIS	3	25	1,112.89	44.52	.008	370.96	.38
PATHOLOGY	146	575	6,471.39	11.25	.195	44.32	2.19
RADIOLOGY	352	1,158	40,744.63	35.19	.393	115.75	13.82
PSYCHIATRY	1	1	23.22	23.22	.000	23.22	.01
IMMUNIZATION AND INJECTION	35	447	7,070.72	15.82	.152	202.02	2.40
OTHER SERVICES/ALL X-OVERS	537	2,453	29,902.99	12.19	.832	55.69	10.14
@PHARMACY	1,689	13,823	\$ 947,156.54	\$ 68.52	4.687	\$ 560.78	\$ 321.18
PRESCRIPTION DRUGS	1,628	7,810	927,946.73	118.82	2.648	569.99	314.66
SNF/ICF	115	966	34,570.20	35.79	.328	300.61	11.72
OUTPATIENTS	1,520	6,844	893,376.53	130.53	2.321	587.75	302.94
MEDICAL SUPPLIES	180	6,013	19,209.81	3.19	2.039	106.72	6.51
@DENTIST	400	2,150	\$ 74,092.76	\$ 34.46	.729	\$ 185.23	\$ 25.12
VISITS - DIAGNOSTIC	238	1,166	8,079.00	6.93	.395	33.95	2.74
ORAL SURGERY	78	302	12,484.00	41.34	.102	160.05	4.23
DRUGS	14	29	255.00	8.79	.010	18.21	.09
ANESTHESIA	17	17	800.00	47.06	.006	47.06	.27
PERIODONTICS	33	34	3,123.80	91.88	.012	94.66	1.06
ENDODONTICS	25	31	6,588.00	212.52	.011	263.52	2.23

RESTORATIVE DENTISTRY	132	397	26,819.96	67.56	.135	203.18	9.09
PROSTHETICS	4	4	75.00	18.75	.001	18.75	.03
DENTURES, STAYPLATES	44	117	15,848.00	135.45	.040	360.18	5.37
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	12	15	20.00	1.33	.005	1.67	.01
ALL OTHER SERVICES	25	38	.00	.00	.013	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,610
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL						
----- MONTHLY AVERAGE -----							
2,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	73	208 \$	4,851.18	\$ 23.32	.071	\$ 66.45	\$ 1.65
DIAGNOSTIC AND ANC. PROCED	51	51	2,300.47	45.11	.017	45.11	.78

EYE APPLIANCES	53	154		2,410.55	15.65	.052	45.48	.82
OTHER OPTOMETRIC SERVICES	3	3		140.16	46.72	.001	46.72	.05
@CHIROPRACTOR	3	3	\$	33.44	\$ 11.15	.001	\$ 11.15	\$.01
VISITS	3	3		33.44	11.15	.001	11.15	.01
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	13	23	\$	318.43	\$ 13.84	.008	\$ 24.49	\$.11
MEDICINE/INJECTIONS	3	3		90.60	30.20	.001	30.20	.03
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.001	34.60	.01
OTHER	11	18		193.23	10.74	.006	17.57	.07
@HOME HEALTH AGENCY	25	268	\$	17,838.16	\$ 66.56	.091	\$ 713.53	\$ 6.05
NURSE ANESTHESIST	7	29	\$	592.45	\$ 20.43	.010	\$ 84.64	\$.20
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	998	6,941	\$	1,422,273.72	\$ 204.91	2.354	\$ 1425.12	\$ 482.29
HOSP INPATIENT TOTAL	251	1,523		1,235,730.33	811.38	.516	4923.23	419.03
HSC HOSPITALS	148	822		881,922.40	1072.90	.279	5958.94	299.06
NON-HSC HOSPITAL TOTAL	39	220		294,748.08	1339.76	.075	7557.64	99.95
ACCOMMODATIONS	39	220		66,118.48	300.54	.075	1695.35	22.42
ADMINISTRATIVE DAYS	2	7		1,387.80	198.26	.002	693.90	.47
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	37	213		64,730.68	303.90	.072	1749.48	21.95
ANCILLARIES	38	0		228,629.60	.00	.000	6016.57	77.53
INPATIENT CROSSOVERS	68	481		59,059.85	122.79	.163	868.53	20.03
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	797	5,418		186,543.39	34.43	1.837	234.06	63.26
MEDICAL	241	410		19,002.94	46.35	.139	78.85	6.44
SURGERY	87	93		13,417.94	144.28	.032	154.23	4.55
PATHOLOGY	319	1,868		17,710.48	9.48	.633	55.52	6.01
RADIOLOGY	247	393		31,704.53	80.67	.133	128.36	10.75
ROOM USE	403	724		27,503.99	37.99	.246	68.25	9.33
CROSSOVERS/ALL OTH OUTPTNT	354	1,930		77,203.51	40.00	.654	218.09	26.18
@COUNTY HOSPITAL TOTAL	503	3,241	\$	625,852.95	\$ 193.10	1.099	\$ 1244.24	\$ 212.23
CO HOSPITAL INPATIENT TOTAL	96	495		491,500.70	992.93	.168	5119.80	166.67
HSC HOSPITALS	89	423		486,114.11	1149.21	.143	5461.96	164.84
NON-HSC HOSPITALS TOTAL	1	4		1,100.84	275.21	.001	1100.84	.37
ACCOMMODATIONS	1	4		693.90	173.48	.001	693.90	.24
ADMINISTRATIVE DAYS	1	4		693.90	173.48	.001	693.90	.24
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		406.94	.00	.000	406.94	.14
INPATIENT CROSSOVERS	6	68		4,285.75	63.03	.023	714.29	1.45
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	436	2,746		134,352.25	48.93	.931	308.15	45.56
MEDICAL	160	293		15,153.45	51.72	.099	94.71	5.14
SURGERY	53	60		12,137.14	202.29	.020	229.00	4.12
PATHOLOGY	139	899		8,431.98	9.38	.305	60.66	2.86
RADIOLOGY	109	183		20,079.41	109.72	.062	184.21	6.81
ROOM USE	232	499		20,140.89	40.36	.169	86.81	6.83
CROSSOVERS/ALL OTH OUTPTNT	128	812		58,409.38	71.93	.275	456.32	19.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 4,611
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

	2,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	519		3,700	\$ 796,420.77	\$ 215.25	1.255	\$ 1534.53	\$ 270.06
COMM HOSP INPATIENT TOTAL	157		1,028	744,229.63	723.96	.349	4740.32	252.37
HSC HOSPITALS	61		399	395,808.29	992.00	.135	6488.66	134.22

NON-HSC HOSPITALS TOTAL	38	216		293,647.24	1359.48	.073	7727.56	99.58
ACCOMMODATIONS	38	216		65,424.58	302.89	.073	1721.70	22.19
ADMINISTRATIVE DAYS	1	3		693.90	231.30	.001	693.90	.24
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	37	213		64,730.68	303.90	.072	1749.48	21.95
ANCILLARIES	37	0		228,222.66	.00	.000	6168.18	77.39
INPATIENT CROSSOVERS	62	413		54,774.10	132.62	.140	883.45	18.57
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	379	2,672		52,191.14	19.53	.906	137.71	17.70
MEDICAL	82	117		3,849.49	32.90	.040	46.95	1.31
SURGERY	34	33		1,280.80	38.81	.011	37.67	.43
PATHOLOGY	185	969		9,278.50	9.58	.329	50.15	3.15
RADIOLOGY	139	210		11,625.12	55.36	.071	83.63	3.94
ROOM USE	178	225		7,363.10	32.72	.076	41.37	2.50
CROSSOVERS/ALL OTH OUTPTNT	232	1,118		18,794.13	16.81	.379	81.01	6.37
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	161	3,369	\$	390,654.35	\$ 115.96	1.142	\$ 2426.42	\$ 132.47
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	161	3,369		390,654.35	115.96	1.142	2426.42	132.47
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	63	368	\$	38,515.90	\$ 104.66	.125	\$ 611.36	\$ 13.06
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	63	368		38,515.90	104.66	.125	611.36	13.06
@REHABILITATION FACILITY	1	1	\$	46.80	\$ 46.80	.000	\$ 46.80	\$.02
HOSPITAL BASED	1	1		46.80	46.80	.000	46.80	.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	162	663	\$	8,147.00	\$ 12.29	.225	\$ 50.29	\$ 2.76
PATHOLOGY	158	655		8,083.84	12.34	.222	51.16	2.74
XO AND OTHERS	5	8		63.16	7.90	.003	12.63	.02
@ORGANIZED OUTPATIENT CLINIC	288	550	\$	41,024.36	\$ 74.59	.187	\$ 142.45	\$ 13.91
CLINIC	23	56		1,445.18	25.81	.019	62.83	.49
SURGICENTER	17	58		2,269.69	39.13	.020	133.51	.77
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	248	436		37,309.49	85.57	.148	150.44	12.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 4,612
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

				----- MONTHLY AVERAGE -----				
2,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	422	7,613	\$ 99,832.16	\$ 13.11	2.582	\$ 236.57	\$ 33.85	
DURABLE MED. EQUIP.	35	346	24,414.53	70.56	.117	697.56	8.28	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	5	6	3,568.04	594.67	.002	713.61	1.21	
MEDICAL TRANSPORTATION	180	6,450	39,675.16	6.15	2.187	220.42	13.45	
AMBULANCES/AIR TRANS	115	1,275	17,567.72	13.78	.432	152.76	5.96	
OTHER TRANS	63	5,078	15,962.08	3.14	1.722	253.37	5.41	
OTHER SERVICES	7	97	6,145.36	63.35	.033	877.91	2.08	
ACUPUNCTURE	3	19	294.67	15.51	.006	98.22	.10	
ADULT DAY HEALTH CARE CTR	4	68	4,370.88	64.28	.023	1092.72	1.48	
GENETIC DISEASE TESTING	3	3	315.00	105.00	.001	105.00	.11	

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	90	200		3,410.29	17.05	.068	37.89	1.16
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	7		277.75	39.68	.002	46.29	.09
PROSTHETICS	6	7		277.75	39.68	.002	46.29	.09
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5		1,478.05	295.61	.002	739.03	.50
HOSPICE SERVICES	5	112		11,921.26	106.44	.038	2384.25	4.04
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	27		293.16	10.86	.009	29.32	.10
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	94	370		9,813.37	26.52	.125	104.40	3.33
@CALIF. CHILDREN SERVICES*	24	305	\$	109,443.75	\$ 358.83	.103	\$ 4560.16	\$ 37.11
@XOVER EXCLUDING STATE HOSP**	596	6,786	\$	178,803.36	\$ 26.35	2.301	\$ 300.01	\$ 60.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,613
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13	

13,981 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,910	792,612	\$ 45,246,271.82	\$ 57.09	56.692	\$ 3252.79	\$ 3236.27
@PHYSICIANS SERVICES	1,620	4,251	\$ 68,333.50	\$ 16.07	.304	\$ 42.18	\$ 4.89
OUTPATIENT VISITS	14	19	1,217.12	64.06	.001	86.94	.09
OFFICE VISITS	5	8	238.90	29.86	.001	47.78	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	11	978.22	88.93	.001	97.82	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	91	411	17,857.15	43.45	.029	196.23	1.28
HOSPITAL VISITS	27	208	8,036.11	38.64	.015	297.63	.57
CRITICAL CARE	7	38	4,554.90	119.87	.003	650.70	.33
SNF/ICF/TRANS IP CARE	72	165	5,266.14	31.92	.012	73.14	.38
OPHTHALMOLOGICAL SERVICES	1	1	57.79	57.79	.000	57.79	.00
EXAMINATIONS	1	1	57.79	57.79	.000	57.79	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	23	2,528.70	109.94	.002	229.88	.18
PRINCIPAL SURGEON	10	18	2,382.72	132.37	.001	238.27	.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	145.98	29.20	.000	145.98	.01
OUTPATIENT SURGERY	8	98	1,303.88	13.30	.007	162.99	.09
PRINCIPAL SURGEON	7	8	1,156.49	144.56	.001	165.21	.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	90	147.39	1.64	.006	147.39	.01
DIALYSIS	11	64	2,602.58	40.67	.005	236.60	.19
PATHOLOGY	41	49	308.20	6.29	.004	7.52	.02
RADIOLOGY	31	130	1,958.31	15.06	.009	63.17	.14
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,493	3,456	40,499.77	11.72	.247	27.13	2.90
@PHARMACY	11,316	108,306	\$ 3,954,275.45	\$ 36.51	7.747	\$ 349.44	\$ 282.83
PRESCRIPTION DRUGS	11,244	83,415	3,930,351.77	47.12	5.966	349.55	281.12

SNF/ICF	10,779	79,594		3,820,774.75	48.00	5.693	354.46	273.28
OUTPATIENTS	682	3,821		109,577.02	28.68	.273	160.67	7.84
MEDICAL SUPPLIES	413	24,891		23,923.68	.96	1.780	57.93	1.71
@DENTIST	837	2,677	\$	114,859.25	\$ 42.91	.191	\$ 137.23	\$ 8.22
VISITS - DIAGNOSTIC	769	1,858		36,513.50	19.65	.133	47.48	2.61
ORAL SURGERY	79	275		9,452.00	34.37	.020	119.65	.68
DRUGS	1	3		45.00	15.00	.000	45.00	.00
ANESTHESIA	2	2		200.00	100.00	.000	100.00	.01
PERIODONTICS	17	18		3,600.00	200.00	.001	211.76	.26
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	22		2,090.00	95.00	.002	348.33	.15
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	211	459		62,928.75	137.10	.033	298.24	4.50
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	30	39		.00	.00	.003	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,614
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

13,981 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	147	400	\$ 7,047.66	\$ 17.62	.029	\$ 47.94	\$.50
DIAGNOSTIC AND ANC. PROCED	11	11	510.09	46.37	.001	46.37	.04
EYE APPLIANCES	120	348	6,077.20	17.46	.025	50.64	.43
OTHER OPTOMETRIC SERVICES	27	41	460.37	11.23	.003	17.05	.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1,180	1,776	\$ 8,060.15	\$ 4.54	.127	\$ 6.83	\$.58
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1,180	1,776	8,060.15	4.54	.127	6.83	.58
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	546	4,039	\$ 377,979.03	\$ 93.58	.289	\$ 692.27	\$ 27.04
HOSP INPATIENT TOTAL	219	1,708	346,781.79	203.03	.122	1583.48	24.80
HSC HOSPITALS	15	124	111,961.14	902.91	.009	7464.08	8.01
NON-HSC HOSPITAL TOTAL	4	49	60,531.30	1235.33	.004	15132.83	4.33
ACCOMMODATIONS	4	49	13,252.01	270.45	.004	3313.00	.95
ADMINISTRATIVE DAYS	1	7	1,619.10	231.30	.001	1619.10	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	42	11,632.91	276.97	.003	3877.64	.83
ANCILLARIES	4	0	47,279.29	.00	.000	11819.82	3.38
INPATIENT CROSSOVERS	200	1,535	174,289.35	113.54	.110	871.45	12.47
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	345	2,331	31,197.24	13.38	.167	90.43	2.23
MEDICAL	9	15	404.15	26.94	.001	44.91	.03
SURGERY	4	4	266.15	66.54	.000	66.54	.02
PATHOLOGY	7	28	318.85	11.39	.002	45.55	.02
RADIOLOGY	11	18	586.11	32.56	.001	53.28	.04
ROOM USE	9	11	556.59	50.60	.001	61.84	.04
CROSSOVERS/ALL OTH OUTPTNT	335	2,255	29,065.39	12.89	.161	86.76	2.08
@COUNTY HOSPITAL TOTAL	11	78	\$ 11,231.48	\$ 143.99	.006	\$ 1021.04	\$.80

CO HOSPITAL INPATIENT TOTAL	3	55	10,931.00	198.75	.004	3643.67	.78
HSC HOSPITALS	2	10	10,525.00	1052.50	.001	5262.50	.75
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	45	406.00	9.02	.003	406.00	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	23	300.48	13.06	.002	37.56	.02
MEDICAL	1	2	29.42	14.71	.000	29.42	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	40.83	40.83	.000	40.83	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

13,981 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	536	3,961	\$ 366,747.55	\$ 92.59	.283	\$ 684.23	\$ 26.23
COMM HOSP INPATIENT TOTAL	216	1,653	335,850.79	203.18	.118	1554.86	24.02
HSC HOSPITALS	13	114	101,436.14	889.79	.008	7802.78	7.26
NON-HSC HOSPITALS TOTAL	4	49	60,531.30	1235.33	.004	15132.83	4.33
ACCOMMODATIONS	4	49	13,252.01	270.45	.004	3313.00	.95
ADMINISTRATIVE DAYS	1	7	1,619.10	231.30	.001	1619.10	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	42	11,632.91	276.97	.003	3877.64	.83
ANCILLARIES	4	0	47,279.29	.00	.000	11819.82	3.38
INPATIENT CROSSOVERS	199	1,490	173,883.35	116.70	.107	873.79	12.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	337	2,308	30,896.76	13.39	.165	91.68	2.21
MEDICAL	8	13	374.73	28.83	.001	46.84	.03
SURGERY	4	4	266.15	66.54	.000	66.54	.02
PATHOLOGY	7	28	318.85	11.39	.002	45.55	.02
RADIOLOGY	10	17	545.28	32.08	.001	54.53	.04
ROOM USE	9	11	556.59	50.60	.001	61.84	.04
CROSSOVERS/ALL OTH OUTPTNT	329	2,235	28,835.16	12.90	.160	87.64	2.06
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	11,442	353,580	\$ 38,574,946.30	\$ 109.10	25.290	\$ 3371.35	\$ 2759.10
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	115	3,647	1,794,287.15	491.99	.261	15602.50	128.34
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	11,375	349,933	36,780,659.15	105.11	25.029	3233.46	2630.76
@INTERMEDIATE CARE FACIL.-DD	191	5,677	\$ 830,742.72	\$ 146.33	.406	\$ 4349.44	\$ 59.42
ICF DDH	119	3,546	475,038.65	133.96	.254	3991.92	33.98
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	72	2,131	355,704.07	166.92	.152	4940.33	25.44
@HEMODIALYSIS TOTAL	133	786	\$ 95,607.87	\$ 121.64	.056	\$ 718.86	\$ 6.84
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	133	786	95,607.87	121.64	.056	718.86	6.84
@REHABILITATION FACILITY	1	1	\$ 44.37	\$ 44.37	.000	\$ 44.37	\$.00
HOSPITAL BASED	1	1	44.37	44.37	.000	44.37	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	154	393	\$ 3,788.85	\$ 9.64	.028	\$ 24.60	\$.27
PATHOLOGY	146	376	3,645.21	9.69	.027	24.97	.26
XO AND OTHERS	8	17	143.64	8.45	.001	17.96	.01
@ORGANIZED OUTPATIENT CLINIC	391	544	\$ 15,512.22	\$ 28.52	.039	\$ 39.67	\$ 1.11
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	20	25	3,681.66	147.27	.002	184.08	.26
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	371	519	11,830.56	22.79	.037	31.89	.85

13,981 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	3,249	310,182	\$ 1,195,074.45	\$ 3.85	22.186	\$ 367.83	\$ 85.48

DURABLE MED. EQUIP.	472	2,999	360,742.08	120.29	.215	764.28	25.80
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	66	110	41,538.14	377.62	.008	629.37	2.97
MEDICAL TRANSPORTATION	1,684	71,518	250,401.46	3.50	5.115	148.69	17.91
AMBULANCES/AIR TRANS	79	632	9,556.92	15.12	.045	120.97	.68
OTHER TRANS	1,549	69,393	233,665.14	3.37	4.963	150.85	16.71
OTHER SERVICES	108	1,493	7,179.40	4.81	.107	66.48	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	201	482	6,850.07	14.21	.034	34.08	.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	55	125	1,538.16	12.31	.009	27.97	.11
PROSTHETIST/ORTHOTISTS	4	5	333.69	66.74	.000	83.42	.02
PROSTHETICS	4	5	333.69	66.74	.000	83.42	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	19	22	379.99	17.27	.002	20.00	.03
SPEECH AND AUDIOLOGY	133	266	17,467.08	65.67	.019	131.33	1.25
HOSPICE SERVICES	171	4,786	414,420.06	86.59	.342	2423.51	29.64
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	882	229,869	101,403.72	.44	16.442	114.97	7.25
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	4,352	177,369	1,361,203.41	7.67	12.686	312.78	97.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,617
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	38	1,541	\$ 160,596.60	\$ 104.22	39.513	\$ 4226.23	\$ 4117.86
@PHYSICIANS SERVICES	11	39	\$ 927.97	\$ 23.79	1.000	\$ 84.36	\$ 23.79
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	39		927.97		23.79	1.000	84.36	23.79
@PHARMACY	36	262	\$	20,452.57	\$	78.06	6.718	568.13	524.42
PRESCRIPTION DRUGS	36	262		20,452.57		78.06	6.718	568.13	524.42
SNF/ICF	31	220		20,303.32		92.29	5.641	654.95	520.60
OUTPATIENTS	6	42		149.25		3.55	1.077	24.88	3.83
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	3	20	\$	400.00	\$	20.00	.513	133.33	10.26
VISITS - DIAGNOSTIC	3	17		177.00		10.41	.436	59.00	4.54
ORAL SURGERY	1	2		83.00		41.50	.051	83.00	2.13
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		140.00		140.00	.026	140.00	3.59
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,618
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,619
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	26	776	.77	99.83	19.897	2979.68	1986.46
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	26	776		77,471.77		99.83	19.897	2979.68		1986.46
@INTERMEDIATE CARE FACIL.-DD	12	384	\$	58,737.16	\$	152.96	9.846	\$ 4894.76	\$	1506.08
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	12	384		58,737.16		152.96	9.846	4894.76		1506.08
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	2	2	\$	23.65	\$	11.83	.051	\$ 11.83	\$	.61
PATHOLOGY	2	2		23.65		11.83	.051	11.83		.61
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	7	\$	163.14	\$	23.31	.179	\$ 27.19	\$	4.18
CLINIC	0	0		.00		.00	.000	.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	7	163.14	23.31	.179	27.19	4.18

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,620
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

39 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13	51	\$ 2,420.34	\$ 47.46	1.308	\$ 186.18	\$ 62.06
DURABLE MED. EQUIP.	3	24	1,099.01	45.79	.615	366.34	28.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	27	1,310.69	48.54	.692	100.82	33.61
HOSPICE SERVICES	0	0	10.64	.00	.000	.00	.27
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	15	39	\$ 3,270.65	\$ 83.86	1.000	\$ 218.04	\$ 83.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,621
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

2,485 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,511	297,207	\$ 12,213,503.52	\$ 41.09	119.600	\$ 4864.00	\$ 4914.89
@PHYSICIANS SERVICES	558	3,745	\$ 101,254.10	\$ 27.04	1.507	\$ 181.46	\$ 40.75
OUTPATIENT VISITS	42	49	2,861.32	58.39	.020	68.13	1.15
OFFICE VISITS	17	19	786.33	41.39	.008	46.25	.32
HOME VISITS	3	4	256.29	64.07	.002	85.43	.10
EMERGENCY ROOM	21	22	1,741.90	79.18	.009	82.95	.70
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	76.80	19.20	.002	19.20	.03
INPATIENT VISITS	163	1,449	56,177.84	38.77	.583	344.65	22.61
HOSPITAL VISITS	73	993	37,488.02	37.75	.400	513.53	15.09
CRITICAL CARE	7	63	6,040.10	95.87	.025	862.87	2.43

SNF/ICF/TRANS IP CARE	108	393		12,649.72	32.19	.158	117.13	5.09
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.000	46.44	.02
EXAMINATIONS	1	1		46.44	46.44	.000	46.44	.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	46	218		16,268.90	74.63	.088	353.67	6.55
PRINCIPAL SURGEON	38	61		13,166.08	215.84	.025	346.48	5.30
ASSISTANT SURGEON	3	3		825.01	275.00	.001	275.00	.33
ANESTHESIOLOGIST	11	154		2,277.81	14.79	.062	207.07	.92
OUTPATIENT SURGERY	38	587		5,622.45	9.58	.236	147.96	2.26
PRINCIPAL SURGEON	18	28		3,103.65	110.84	.011	172.43	1.25
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	20	559		2,518.80	4.51	.225	125.94	1.01
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	21	101		1,117.72	11.07	.041	53.22	.45
RADIOLOGY	66	353		7,877.50	22.32	.142	119.36	3.17
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	344	987		11,281.93	11.43	.397	32.80	4.54
@PHARMACY	2,038	24,883	\$	987,355.99	\$ 39.68	10.013	\$ 484.47	\$ 397.33
PRESCRIPTION DRUGS	2,028	13,779		966,229.19	70.12	5.545	476.44	388.82
SNF/ICF	1,666	11,727		760,964.22	64.89	4.719	456.76	306.22
OUTPATIENTS	444	2,052		205,264.97	100.03	.826	462.31	82.60
MEDICAL SUPPLIES	98	11,104		21,126.80	1.90	4.468	215.58	8.50
@DENTIST	215	717	\$	27,079.25	\$ 37.77	.289	\$ 125.95	\$ 10.90
VISITS - DIAGNOSTIC	209	481		9,574.25	19.90	.194	45.81	3.85
ORAL SURGERY	21	119		5,805.00	48.78	.048	276.43	2.34
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	33	62		9,054.00	146.03	.025	274.36	3.64
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	11	37		1,328.00	35.89	.015	120.73	.53
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	16		1,318.00	82.38	.006	188.29	.53
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2		.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,622
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

2,485 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	29	61	\$ 1,479.83	\$ 24.26	.025	\$ 51.03	\$.60
DIAGNOSTIC AND ANC. PROCED	7	8	293.45	36.68	.003	41.92	.12
EYE APPLIANCES	14	40	691.22	17.28	.016	49.37	.28
OTHER OPTOMETRIC SERVICES	11	13	495.16	38.09	.005	45.01	.20
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	111	161	\$ 1,039.30	\$ 6.46	.065	\$ 9.36	\$.42
MEDICINE/INJECTIONS	1	1	57.20	57.20	.000	57.20	.02
SURGERY/ANES.	4	4	52.00	13.00	.002	13.00	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	106	156	930.10	5.96	.063	8.77	.37
@HOME HEALTH AGENCY	5	43	\$ 2,966.98	\$ 69.00	.017	\$ 593.40	\$ 1.19
NURSE ANESTHESIST	1	65	\$ 93.89	\$ 1.44	.026	\$ 93.89	\$.04
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	246	2,122	\$	767,250.44	\$	361.57	.854	\$	3118.90	\$	308.75
HOSP INPATIENT TOTAL	69	1,037		744,763.07		718.19	.417		10793.67		299.70
HSC HOSPITALS	27	548		587,519.89		1072.12	.221		21760.00		236.43
NON-HSC HOSPITAL TOTAL	10	132		112,238.01		850.29	.053		11223.80		45.17
ACCOMMODATIONS	10	132		29,931.13		226.75	.053		2993.11		12.04
ADMINISTRATIVE DAYS	6	98		22,320.45		227.76	.039		3720.08		8.98
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	34		7,610.68		223.84	.014		1902.67		3.06
ANCILLARIES	10	0		82,306.88		.00	.000		8230.69		33.12
INPATIENT CROSSOVERS	35	357		45,005.17		126.06	.144		1285.86		18.11
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	194	1,085		22,487.37		20.73	.437		115.91		9.05
MEDICAL	42	78		1,337.58		17.15	.031		31.85		.54
SURGERY	39	40		1,936.66		48.42	.016		49.66		.78
PATHOLOGY	68	317		3,324.61		10.49	.128		48.89		1.34
RADIOLOGY	44	59		2,342.60		39.71	.024		53.24		.94
ROOM USE	68	105		6,645.14		63.29	.042		97.72		2.67
CROSSOVERS/ALL OTH OUTPTNT	125	486		6,900.78		14.20	.196		55.21		2.78
@COUNTY HOSPITAL TOTAL	37	307	\$	210,415.31	\$	685.39	.124	\$	5686.90	\$	84.67
CO HOSPITAL INPATIENT TOTAL	12	178		207,032.83		1163.11	.072		17252.74		83.31
HSC HOSPITALS	9	149		180,987.50		1214.68	.060		20109.72		72.83
NON-HSC HOSPITALS TOTAL	3	29		26,045.33		898.11	.012		8681.78		10.48
ACCOMMODATIONS	3	29		6,360.75		219.34	.012		2120.25		2.56
ADMINISTRATIVE DAYS	3	29		6,360.75		219.34	.012		2120.25		2.56
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	3	0		19,684.58		.00	.000		6561.53		7.92
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	29	129		3,382.48		26.22	.052		116.64		1.36
MEDICAL	8	15		648.42		43.23	.006		81.05		.26
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	8	43		501.24		11.66	.017		62.66		.20
RADIOLOGY	8	12		357.24		29.77	.005		44.66		.14
ROOM USE	19	27		975.19		36.12	.011		51.33		.39
CROSSOVERS/ALL OTH OUTPTNT	9	32		900.39		28.14	.013		100.04		.36

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,623
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

2,485 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	215	1,815	\$ 556,835.13	\$ 306.80	.730	\$ 2589.93	\$ 224.08
COMM HOSP INPATIENT TOTAL	57	859	537,730.24	626.00	.346	9433.86	216.39
HSC HOSPITALS	18	399	406,532.39	1018.88	.161	22585.13	163.59
NON-HSC HOSPITALS TOTAL	7	103	86,192.68	836.82	.041	12313.24	34.69
ACCOMMODATIONS	7	103	23,570.38	228.84	.041	3367.20	9.49
ADMINISTRATIVE DAYS	3	69	15,959.70	231.30	.028	5319.90	6.42
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	34	7,610.68	223.84	.014	1902.67	3.06
ANCILLARIES	7	0	62,622.30	.00	.000	8946.04	25.20
INPATIENT CROSSOVERS	35	357	45,005.17	126.06	.144	1285.86	18.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	165	956	19,104.89	19.98	.385	115.79	7.69
MEDICAL	34	63	689.16	10.94	.025	20.27	.28
SURGERY	39	40	1,936.66	48.42	.016	49.66	.78
PATHOLOGY	60	274	2,823.37	10.30	.110	47.06	1.14
RADIOLOGY	36	47	1,985.36	42.24	.019	55.15	.80
ROOM USE	49	78	5,669.95	72.69	.031	115.71	2.28

CROSSOVERS/ALL OTH OUTPTNT	116	454		6,000.39		13.22	.183	51.73	2.41
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1,026	30,546	\$	5,051,309.96	\$	165.37	12.292	\$ 4923.30	\$ 2032.72
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	5	139		85,330.71		613.89	.056	17066.14	34.34
LEV B-SUBACUTE HSPTL BASED	140	4,358		2,233,132.55		512.42	1.754	15950.95	898.64
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	924	26,049		2,732,846.70		104.91	10.482	2957.63	1099.74
@INTERMEDIATE CARE FACIL.-DD	1,113	34,062	\$	4,915,976.63	\$	144.32	13.707	\$ 4416.87	\$ 1978.26
ICF DDH	749	22,846		2,993,037.27		131.01	9.194	3996.04	1204.44
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	365	11,216		1,922,939.36		171.45	4.513	5268.33	773.82
@HEMODIALYSIS TOTAL	11	10	\$	3,960.91	\$	396.09	.004	\$ 360.08	\$ 1.59
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	11	10		3,960.91		396.09	.004	360.08	1.59
@REHABILITATION FACILITY	3	6	\$	140.79	\$	23.47	.002	\$ 46.93	\$.06
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	3	6		140.79		23.47	.002	46.93	.06
@LABORATORY FACILITY	191	513	\$	5,858.16	\$	11.42	.206	\$ 30.67	\$ 2.36
PATHOLOGY	190	512		5,849.96		11.43	.206	30.79	2.35
XO AND OTHERS	1	1		8.20		8.20	.000	8.20	.00
@ORGANIZED OUTPATIENT CLINIC	625	911	\$	25,902.77	\$	28.43	.367	\$ 41.44	\$ 10.42
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	5	5		698.27		139.65	.002	139.65	.28
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	620	906		25,204.50		27.82	.365	40.65	10.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,624
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63								

2,485 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,142	199,362	\$	\$ 1.61	80.226	\$ 281.82	\$ 129.51	
DURABLE MED. EQUIP.	141	1,307		89.37	.526	828.39	47.00	
BLOOD BANK	0	0		.00	.000	.00	.00	
HEARING AID DISPENSERS	2	4		325.74	.002	651.48	.52	
MEDICAL TRANSPORTATION	208	4,266		5.39	1.717	110.55	9.25	
AMBULANCES/AIR TRANS	50	1,025		7.99	.412	163.89	3.30	
OTHER TRANS	153	2,981		4.58	1.200	89.24	5.49	
OTHER SERVICES	20	260		4.41	.105	57.35	.46	
ACUPUNCTURE	0	0		.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.000	.00	.00	
OPTICIAN	26	65		795.04	.026	30.58	.32	
PHYSICAL THERAPIST	1	5		53.80	.002	53.80	.02	
PORTABLE X-RAY	9	31		885.76	.012	98.42	.36	
PROSTHETIST/ORTHOTISTS	28	61		6,780.17	.025	242.15	2.73	
PROSTHETICS	27	58		6,767.35	.023	250.64	2.72	
ORTHOTICS	1	3		12.82	.001	12.82	.01	
PSYCHOLOGIST	0	0		.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	487	1,042		43,836.52	.419	90.01	17.64	
HOSPICE SERVICES	12	493		43,079.39	.198	3589.95	17.34	
NONINST BIRTHING CENTERS	0	0		.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000	.00	.00	

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	595	192,088	85,303.51	.44	77.299	143.37	34.33
@CALIF. CHILDREN SERVICES*	33	18,285	\$ 102,141.65	\$ 5.59	7.358	\$ 3095.20	\$ 41.10
@XOVER EXCLUDING STATE HOSP**	727	60,477	\$ 200,604.82	\$ 3.32	24.337	\$ 275.94	\$ 80.73

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,625
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR	MN - LONG TERM CARE - FAMILIES	DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

PAGE 4,626 01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,627
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

					----- MONTHLY AVERAGE -----				
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
KERN COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 4,628

FEE-FOR-SERVICE/DENTAL

01/29/04

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,629
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL	

16,505 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	16,459	1,091,360	\$ 57,620,371.94	\$ 52.80	66.123	\$ 3500.84	\$ 3491.09
@PHYSICIANS SERVICES	2,189	8,035	\$ 170,515.57	\$ 21.22	.487	\$ 77.90	\$ 10.33
OUTPATIENT VISITS	56	68	4,078.44	59.98	.004	72.83	.25
OFFICE VISITS	22	27	1,025.23	37.97	.002	46.60	.06
HOME VISITS	3	4	256.29	64.07	.000	85.43	.02
EMERGENCY ROOM	31	33	2,720.12	82.43	.002	87.75	.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4	76.80	19.20	.000	19.20	.00
INPATIENT VISITS	254	1,860	74,034.99	39.80	.113	291.48	4.49
HOSPITAL VISITS	100	1,201	45,524.13	37.91	.073	455.24	2.76
CRITICAL CARE	14	101	10,595.00	104.90	.006	756.79	.64
SNF/ICF/TRANS IP CARE	180	558	17,915.86	32.11	.034	99.53	1.09
OPHTHALMOLOGICAL SERVICES	2	2	104.23	52.12	.000	52.12	.01
EXAMINATIONS	2	2	104.23	52.12	.000	52.12	.01
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	57	241	18,797.60	78.00	.015	329.78	1.14
PRINCIPAL SURGEON	48	79	15,548.80	196.82	.005	323.93	.94
ASSISTANT SURGEON	3	3	825.01	275.00	.000	275.00	.05
ANESTHESIOLOGIST	12	159	2,423.79	15.24	.010	201.98	.15
OUTPATIENT SURGERY	46	685	6,926.33	10.11	.042	150.57	.42
PRINCIPAL SURGEON	25	36	4,260.14	118.34	.002	170.41	.26
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	21	649	2,666.19	4.11	.039	126.96	.16
DIALYSIS	11	64	2,602.58	40.67	.004	236.60	.16
PATHOLOGY	62	150	1,425.92	9.51	.009	23.00	.09
RADIOLOGY	97	483	9,835.81	20.36	.029	101.40	.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,848	4,482	52,709.67	11.76	.272	28.52	3.19
@PHARMACY	13,390	133,451	\$ 4,962,084.01	\$ 37.18	8.085	\$ 370.58	\$ 300.64
PRESCRIPTION DRUGS	13,308	97,456	4,917,033.53	50.45	5.905	369.48	297.91
SNF/ICF	12,476	91,541	4,602,042.29	50.27	5.546	368.87	278.83
OUTPATIENTS	1,132	5,915	314,991.24	53.25	.358	278.26	19.08
MEDICAL SUPPLIES	511	35,995	45,050.48	1.25	2.181	88.16	2.73
@DENTIST	1,055	3,414	\$ 142,338.50	\$ 41.69	.207	\$ 134.92	\$ 8.62

VISITS - DIAGNOSTIC	981	2,356	46,264.75	19.64	.143	47.16	2.80
ORAL SURGERY	101	396	15,340.00	38.74	.024	151.88	.93
DRUGS	1	3	45.00	15.00	.000	45.00	.00
ANESTHESIA	2	2	200.00	100.00	.000	100.00	.01
PERIODONTICS	50	80	12,654.00	158.18	.005	253.08	.77
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	17	59	3,418.00	57.93	.004	201.06	.21
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	219	476	64,386.75	135.27	.029	294.00	3.90
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	33	41	.00	.00	.002	.00	.00

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KERN COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

16,505 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	176	461	\$ 8,527.49	\$ 18.50	.028	\$ 48.45	\$.52
DIAGNOSTIC AND ANC. PROCED	18	19	803.54	42.29	.001	44.64	.05
EYE APPLIANCES	134	388	6,768.42	17.44	.024	50.51	.41
OTHER OPTOMETRIC SERVICES	38	54	955.53	17.70	.003	25.15	.06
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1,291	1,937	\$ 9,099.45	\$ 4.70	.117	\$ 7.05	\$.55
MEDICINE/INJECTIONS	1	1	57.20	57.20	.000	57.20	.00
SURGERY/ANES.	4	4	52.00	13.00	.000	13.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1,286	1,932	8,990.25	4.65	.117	6.99	.54
@HOME HEALTH AGENCY	5	43	\$ 2,966.98	\$ 69.00	.003	\$ 593.40	\$.18
NURSE ANESTHESIST	1	65	\$ 93.89	\$ 1.44	.004	\$ 93.89	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	792	6,161	\$ 1,145,229.47	\$ 185.88	.373	\$ 1446.00	\$ 69.39
HOSP INPATIENT TOTAL	288	2,745	1,091,544.86	397.65	.166	3790.09	66.13
HSC HOSPITALS	42	672	699,481.03	1040.89	.041	16654.31	42.38
NON-HSC HOSPITAL TOTAL	14	181	172,769.31	954.53	.011	12340.67	10.47
ACCOMMODATIONS	14	181	43,183.14	238.58	.011	3084.51	2.62
ADMINISTRATIVE DAYS	7	105	23,939.55	228.00	.006	3419.94	1.45
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	76	19,243.59	253.21	.005	2749.08	1.17
ANCILLARIES	14	0	129,586.17	.00	.000	9256.16	7.85
INPATIENT CROSSOVERS	235	1,892	219,294.52	115.91	.115	933.17	13.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	539	3,416	53,684.61	15.72	.207	99.60	3.25
MEDICAL	51	93	1,741.73	18.73	.006	34.15	.11
SURGERY	43	44	2,202.81	50.06	.003	51.23	.13
PATHOLOGY	75	345	3,643.46	10.56	.021	48.58	.22
RADIOLOGY	55	77	2,928.71	38.04	.005	53.25	.18
ROOM USE	77	116	7,201.73	62.08	.007	93.53	.44
CROSSOVERS/ALL OTH OUTPTNT	460	2,741	35,966.17	13.12	.166	78.19	2.18
@COUNTY HOSPITAL TOTAL	48	385	\$ 221,646.79	\$ 575.71	.023	\$ 4617.64	\$ 13.43
CO HOSPITAL INPATIENT TOTAL	15	233	217,963.83	935.47	.014	14530.92	13.21
HSC HOSPITALS	11	159	191,512.50	1204.48	.010	17410.23	11.60
NON-HSC HOSPITALS TOTAL	3	29	26,045.33	898.11	.002	8681.78	1.58
ACCOMMODATIONS	3	29	6,360.75	219.34	.002	2120.25	.39
ADMINISTRATIVE DAYS	3	29	6,360.75	219.34	.002	2120.25	.39
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	3	0	19,684.58	.00	.000	6561.53	1.19
INPATIENT CROSSOVERS	1	45	406.00	9.02	.003	406.00	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	37	152	3,682.96	24.23	.009	99.54	.22
MEDICAL	9	17	677.84	39.87	.001	75.32	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	43	501.24	11.66	.003	62.66	.03
RADIOLOGY	9	13	398.07	30.62	.001	44.23	.02
ROOM USE	19	27	975.19	36.12	.002	51.33	.06
CROSSOVERS/ALL OTH OUTPTNT	15	52	1,130.62	21.74	.003	75.37	.07

16,505 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	751	5,776	\$ 923,582.68	\$ 159.90	.350		\$ 1229.80	\$ 55.96
COMM HOSP INPATIENT TOTAL	273	2,512	873,581.03	347.76	.152		3199.93	52.93
HSC HOSPITALS	31	513	507,968.53	990.19	.031		16386.08	30.78
NON-HSC HOSPITALS TOTAL	11	152	146,723.98	965.29	.009		13338.54	8.89
ACCOMMODATIONS	11	152	36,822.39	242.25	.009		3347.49	2.23
ADMINISTRATIVE DAYS	4	76	17,578.80	231.30	.005		4394.70	1.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	7	76	19,243.59	253.21	.005		2749.08	1.17
ANCILLARIES	11	0	109,901.59	.00	.000		9991.05	6.66
INPATIENT CROSSOVERS	234	1,847	218,888.52	118.51	.112		935.42	13.26
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	502	3,264	50,001.65	15.32	.198		99.60	3.03
MEDICAL	42	76	1,063.89	14.00	.005		25.33	.06
SURGERY	43	44	2,202.81	50.06	.003		51.23	.13
PATHOLOGY	67	302	3,142.22	10.40	.018		46.90	.19
RADIOLOGY	46	64	2,530.64	39.54	.004		55.01	.15
ROOM USE	58	89	6,226.54	69.96	.005		107.35	.38
CROSSOVERS/ALL OTH OUTPTNT	445	2,689	34,835.55	12.95	.163		78.28	2.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	12,494	384,902	\$ 43,703,728.03	\$ 113.55	23.320		\$ 3497.98	\$ 2647.91
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	5	139	85,330.71	613.89	.008		17066.14	5.17
LEV B-SUBACUTE HSPTL BASED	255	8,005	4,027,419.70	503.11	.485		15793.80	244.01
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	12,325	376,758	39,590,977.62	105.08	22.827		3212.25	2398.73
@INTERMEDIATE CARE FACIL.-DD	1,316	40,123	\$ 5,805,456.51	\$ 144.69	2.431		\$ 4411.44	\$ 351.74
ICF DDH	868	26,392	3,468,075.92	131.41	1.599		3995.48	210.12
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	449	13,731	2,337,380.59	170.23	.832		5205.75	141.62
@HEMODIALYSIS TOTAL	144	796	\$ 99,568.78	\$ 125.09	.048		\$ 691.45	\$ 6.03
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	144	796	99,568.78	125.09	.048		691.45	6.03
@REHABILITATION FACILITY	4	7	\$ 185.16	\$ 26.45	.000		\$ 46.29	\$.01
HOSPITAL BASED	1	1	44.37	44.37	.000		44.37	.00
INDEPENDENT FACILITY	3	6	140.79	23.47	.000		46.93	.01
@LABORATORY FACILITY	347	908	\$ 9,670.66	\$ 10.65	.055		\$ 27.87	\$.59
PATHOLOGY	338	890	9,518.82	10.70	.054		28.16	.58
XO AND OTHERS	9	18	151.84	8.44	.001		16.87	.01
@ORGANIZED OUTPATIENT CLINIC	1,022	1,462	\$ 41,578.13	\$ 28.44	.089		\$ 40.68	\$ 2.52
CLINIC	0	0	.00	.00	.000		.00	.00
SURGICENTER	25	30	4,379.93	146.00	.002		175.20	.27
HEROIN DETOX CLINIC	0	0	.00	.00	.000		.00	.00
RURAL HEALTH CLINIC	997	1,432	37,198.20	25.98	.087		37.31	2.25
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KERN COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL							

16,505 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	4,404	509,595	\$ 1,519,329.31	\$ 2.98	30.875		\$ 344.99	\$ 92.05
DURABLE MED. EQUIP.	616	4,330	478,643.71	110.54	.262		777.02	29.00
BLOOD BANK	0	0	.00	.00	.000		.00	.00
HEARING AID DISPENSERS	68	114	42,841.10	375.80	.007		630.02	2.60
MEDICAL TRANSPORTATION	1,892	75,784	273,396.21	3.61	4.592		144.50	16.56

AMBULANCES/AIR TRANS	129	1,657	17,751.24	10.71	.100	137.61	1.08
OTHER TRANS	1,702	72,374	247,318.66	3.42	4.385	145.31	14.98
OTHER SERVICES	128	1,753	8,326.31	4.75	.106	65.05	.50
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	227	547	7,645.11	13.98	.033	33.68	.46
PHYSICAL THERAPIST	1	5	53.80	10.76	.000	53.80	.00
PORTABLE X-RAY	64	156	2,423.92	15.54	.009	37.87	.15
PROSTHETIST/ORTHOTISTS	32	66	7,113.86	107.79	.004	222.31	.43
PROSTHETICS	31	63	7,101.04	112.71	.004	229.07	.43
ORTHOTICS	1	3	12.82	4.27	.000	12.82	.00
PSYCHOLOGIST	19	22	379.99	17.27	.001	20.00	.02
SPEECH AND AUDIOLOGY	633	1,335	62,614.29	46.90	.081	98.92	3.79
HOSPICE SERVICES	183	5,279	457,510.09	86.67	.320	2500.06	27.72
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,477	421,957	186,707.23	.44	25.565	126.41	11.31
@CALIF. CHILDREN SERVICES*	33	18,285	\$ 102,141.65	\$ 5.59	1.108	\$ 3095.20	\$ 6.19
@XOVER EXCLUDING STATE HOSP**	5,094	237,885	\$ 1,565,078.88	\$ 6.58	14.413	\$ 307.24	\$ 94.82

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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KERN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

40,672 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	34,073	1,212,182	\$ 56,003,318.43	\$ 46.20	29.804	\$ 1643.63	\$ 1376.95
@PHYSICIANS SERVICES	6,629	30,515	\$ 646,340.90	\$ 21.18	.750	\$ 97.50	\$ 15.89
OUTPATIENT VISITS	1,011	1,498	56,774.01	37.90	.037	56.16	1.40
OFFICE VISITS	886	1,302	42,213.57	32.42	.032	47.65	1.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	161	186	14,360.84	77.21	.005	89.20	.35
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	10	199.60	19.96	.000	22.18	.00
INPATIENT VISITS	258	3,008	91,917.57	30.56	.074	356.27	2.26
HOSPITAL VISITS	185	2,678	68,760.01	25.68	.066	371.68	1.69
CRITICAL CARE	30	145	17,131.00	118.14	.004	571.03	.42
SNF/ICF/TRANS IP CARE	87	185	6,026.56	32.58	.005	69.27	.15
OPHTHALMOLOGICAL SERVICES	75	90	3,598.23	39.98	.002	47.98	.09
EXAMINATIONS	75	90	3,598.23	39.98	.002	47.98	.09
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	95	493	40,999.98	83.16	.012	431.58	1.01
PRINCIPAL SURGEON	76	130	30,851.71	237.32	.003	405.94	.76
ASSISTANT SURGEON	9	9	2,318.38	257.60	.000	257.60	.06
ANESTHESIOLOGIST	27	354	7,829.89	22.12	.009	290.00	.19
OUTPATIENT SURGERY	152	547	52,871.82	96.66	.013	347.84	1.30
PRINCIPAL SURGEON	128	189	47,198.56	249.73	.005	368.74	1.16
ASSISTANT SURGEON	1	1	118.02	118.02	.000	118.02	.00
ANESTHESIOLOGIST	36	357	5,555.24	15.56	.009	154.31	.14
DIALYSIS	88	339	20,258.56	59.76	.008	230.21	.50
PATHOLOGY	335	1,680	9,045.30	5.38	.041	27.00	.22

RADIOLOGY	483	1,406		61,038.75		43.41	.035	126.37	1.50
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	88	1,366		41,790.65		30.59	.034	474.89	1.03
OTHER SERVICES/ALL X-OVERS	5,400	20,088		268,046.03		13.34	.494	49.64	6.59
@PHARMACY	27,718	264,365	\$	8,477,922.08	\$	32.07	6.500	\$ 305.86	\$ 208.45
PRESCRIPTION DRUGS	27,427	152,391		8,326,238.45		54.64	3.747	303.58	204.72
SNF/ICF	11,480	84,808		4,066,877.95		47.95	2.085	354.26	99.99
OUTPATIENTS	16,240	67,583		4,259,360.50		63.02	1.662	262.28	104.72
MEDICAL SUPPLIES	1,884	111,974		151,683.63		1.35	2.753	80.51	3.73
@DENTIST	2,101	8,809	\$	409,720.68	\$	46.51	.217	\$ 195.01	\$ 10.07
VISITS - DIAGNOSTIC	1,522	5,068		70,559.95		13.92	.125	46.36	1.73
ORAL SURGERY	313	1,264		55,487.50		43.90	.031	177.28	1.36
DRUGS	17	43		450.00		10.47	.001	26.47	.01
ANESTHESIA	27	27		2,200.00		81.48	.001	81.48	.05
PERIODONTICS	103	105		15,247.00		145.21	.003	148.03	.37
ENDODONTICS	60	83		19,052.00		229.54	.002	317.53	.47
RESTORATIVE DENTISTRY	254	672		53,142.50		79.08	.017	209.22	1.31
PROSTHETICS	12	12		356.70		29.73	.000	29.73	.01
DENTURES, STAYPLATES	534	1,452		193,225.03		133.08	.036	361.84	4.75
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	66	83		.00		.00	.002	.00	.00
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MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED								

40,672 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	663	1,774	\$	36,387.93	\$ 20.51	.044	\$ 54.88	\$.89
DIAGNOSTIC AND ANC. PROCED	202	202		9,393.80	46.50	.005	46.50	.23
EYE APPLIANCES	481	1,364		23,175.33	16.99	.034	48.18	.57
OTHER OPTOMETRIC SERVICES	144	208		3,818.80	18.36	.005	26.52	.09
@CHIROPRACTOR	10	19	\$	42.80	\$ 2.25	.000	\$ 4.28	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	10	19		42.80	2.25	.000	4.28	.00
@PODIATRIST	1,399	2,216	\$	12,056.58	\$ 5.44	.054	\$ 8.62	\$.30
MEDICINE/INJECTIONS	13	17		554.20	32.60	.000	42.63	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60	17.30	.000	34.60	.00
OTHER	1,387	2,197		11,467.78	5.22	.054	8.27	.28
@HOME HEALTH AGENCY	7	39	\$	2,756.50	\$ 70.68	.001	\$ 393.79	\$.07
NURSE ANESTHESIST	1	3	\$	61.33	\$ 20.44	.000	\$ 61.33	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,274	14,905	\$	1,778,761.84	\$ 119.34	.366	\$ 782.22	\$ 43.73
HOSP INPATIENT TOTAL	655	4,371		1,553,402.78	355.39	.107	2371.61	38.19
HSC HOSPITALS	99	690		728,627.07	1055.98	.017	7359.87	17.91
NON-HSC HOSPITAL TOTAL	26	248		354,680.87	1430.16	.006	13641.57	8.72
ACCOMMODATIONS	26	248		71,072.05	286.58	.006	2733.54	1.75
ADMINISTRATIVE DAYS	4	13		3,006.90	231.30	.000	751.73	.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	235		68,065.15	289.64	.006	3093.87	1.67
ANCILLARIES	26	0		283,608.82	.00	.000	10908.03	6.97
INPATIENT CROSSOVERS	535	3,433		470,094.84	136.93	.084	878.68	11.56
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,708	10,534		225,359.06	21.39	.259	131.94	5.54
MEDICAL	266	427		15,919.32	37.28	.010	59.85	.39

SURGERY	71	81	7,117.70	87.87	.002	100.25	.18
PATHOLOGY	348	1,745	19,617.39	11.24	.043	56.37	.48
RADIOLOGY	216	349	29,090.43	83.35	.009	134.68	.72
ROOM USE	341	532	22,488.93	42.27	.013	65.95	.55
CROSSOVERS/ALL OTH OUTPTNT	1,239	7,400	131,125.29	17.72	.182	105.83	3.22
@COUNTY HOSPITAL TOTAL	490	2,312	348,660.75	150.80	.057	711.55	8.57
CO HOSPITAL INPATIENT TOTAL	36	305	281,827.61	924.02	.007	7828.54	6.93
HSC HOSPITALS	27	208	274,682.00	1320.59	.005	10173.41	6.75
NON-HSC HOSPITALS TOTAL	1	2	1,093.11	546.56	.000	1093.11	.03
ACCOMMODATIONS	1	2	462.60	231.30	.000	462.60	.01
ADMINISTRATIVE DAYS	1	2	462.60	231.30	.000	462.60	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	630.51	.00	.000	630.51	.02
INPATIENT CROSSOVERS	9	95	6,052.50	63.71	.002	672.50	.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	469	2,007	66,833.14	33.30	.049	142.50	1.64
MEDICAL	190	295	9,033.90	30.62	.007	47.55	.22
SURGERY	29	38	4,315.12	113.56	.001	148.80	.11
PATHOLOGY	149	789	9,013.71	11.42	.019	60.49	.22
RADIOLOGY	91	146	16,643.14	113.99	.004	182.89	.41
ROOM USE	233	385	15,034.57	39.05	.009	64.53	.37
CROSSOVERS/ALL OTH OUTPTNT	159	354	12,792.70	36.14	.009	80.46	.31

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,635
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

	40,672 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,809	12,593	\$	1,430,101.09	\$ 113.56	.310	\$ 790.55	\$ 35.16
COMM HOSP INPATIENT TOTAL	619	4,066		1,271,575.17	312.73	.100	2054.24	31.26
HSC HOSPITALS	72	482		453,945.07	941.79	.012	6304.79	11.16
NON-HSC HOSPITALS TOTAL	25	246		353,587.76	1437.35	.006	14143.51	8.69
ACCOMMODATIONS	25	246		70,609.45	287.03	.006	2824.38	1.74
ADMINISTRATIVE DAYS	3	11		2,544.30	231.30	.000	848.10	.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	235		68,065.15	289.64	.006	3093.87	1.67
ANCILLARIES	25	0		282,978.31	.00	.000	11319.13	6.96
INPATIENT CROSSOVERS	526	3,338		464,042.34	139.02	.082	882.21	11.41
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,260	8,527		158,525.92	18.59	.210	125.81	3.90
MEDICAL	82	132		6,885.42	52.16	.003	83.97	.17
SURGERY	42	43		2,802.58	65.18	.001	66.73	.07
PATHOLOGY	202	956		10,603.68	11.09	.024	52.49	.26
RADIOLOGY	125	203		12,447.29	61.32	.005	99.58	.31
ROOM USE	114	147		7,454.36	50.71	.004	65.39	.18
CROSSOVERS/ALL OTH OUTPTNT	1,082	7,046		118,332.59	16.79	.173	109.36	2.91
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	12,292	372,524	\$	41,413,867.73	\$ 111.17	9.159	\$ 3369.17	\$ 1018.24
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	124	3,904		1,935,139.09	495.68	.096	15605.96	47.58
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	12,220	368,620		39,478,728.64	107.10	9.063	3230.67	970.66
@INTERMEDIATE CARE FACIL.-DD	191	5,677	\$	830,742.72	\$ 146.33	.140	\$ 4349.44	\$ 20.43
ICF DDH	119	3,546		475,038.65	133.96	.087	3991.92	11.68
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	72	2,131		355,704.07	166.92	.052	4940.33	8.75
@HEMODIALYSIS TOTAL	396	4,784	\$	348,876.55	\$ 72.93	.118	\$ 881.00	\$ 8.58
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	396	4,784		348,876.55	72.93	.118	881.00	8.58
@REHABILITATION FACILITY	2	2	\$	44.37	\$ 22.19	.000	\$ 22.19	\$.00
HOSPITAL BASED	2	2		44.37	22.19	.000	22.19	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	865	3,896	\$	39,536.83	\$ 10.15	.096	\$ 45.71	\$.97
PATHOLOGY	732	3,428		37,063.65	10.81	.084	50.63	.91
XO AND OTHERS	135	468		2,473.18	5.28	.012	18.32	.06
@ORGANIZED OUTPATIENT CLINIC	1,828	3,075	\$	176,125.61	\$ 57.28	.076	\$ 96.35	\$ 4.33
CLINIC	51	89		2,788.57	31.33	.002	54.68	.07
SURGICENTER	186	415		33,283.77	80.20	.010	178.95	.82
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,611	2,571		140,053.27	54.47	.063	86.94	3.44

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,636

	40,672 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,622	499,579	\$	1,830,073.98	\$ 3.66	12.283	\$ 276.36	\$ 45.00
DURABLE MED. EQUIP.	645	3,664		418,748.52	114.29	.090	649.22	10.30
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	166	235		89,784.47	382.06	.006	540.87	2.21
MEDICAL TRANSPORTATION	2,278	111,634		374,917.80	3.36	2.745	164.58	9.22
AMBULANCES/AIR TRANS	202	1,220		24,108.30	19.76	.030	119.35	.59
OTHER TRANS	1,976	107,213		338,750.16	3.16	2.636	171.43	8.33
OTHER SERVICES	178	3,201		12,059.34	3.77	.079	67.75	.30
ACUPUNCTURE	3	19		294.67	15.51	.000	98.22	.01
ADULT DAY HEALTH CARE CTR	111	1,952		134,305.62	68.80	.048	1209.96	3.30
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	93	689		45,406.12	65.90	.017	488.24	1.12
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	853	1,984		29,757.66	15.00	.049	34.89	.73
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	61	136		1,686.76	12.40	.003	27.65	.04
PROSTHETIST/ORTHOTISTS	78	174		10,100.83	58.05	.004	129.50	.25
PROSTHETICS	78	174		10,100.83	58.05	.004	129.50	.25
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	19	22		379.99	17.27	.001	20.00	.01
SPEECH AND AUDIOLOGY	211	460		40,698.36	88.47	.011	192.88	1.00
HOSPICE SERVICES	193	5,158		454,956.03	88.20	.127	2357.29	11.19
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	13		124.93	9.61	.000	31.23	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,688	373,439		228,912.22	.61	9.182	85.16	5.63
@CALIF. CHILDREN SERVICES*	1	1	\$	52.99	\$ 52.99	.000	\$ 52.99	\$.00
@XOVER EXCLUDING STATE HOSP**	10,414	229,799	\$	2,554,295.08	\$ 11.12	5.650	\$ 245.28	\$ 62.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
KERN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLINDPAGE 4,637
01/29/04

	279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	224	9,649	\$	352,673.69	\$ 36.55	34.584	\$ 1574.44	\$ 1264.06
@PHYSICIANS SERVICES	76	255	\$	14,381.33	\$ 56.40	.914	\$ 189.23	\$ 51.55
OUTPATIENT VISITS	23	28		1,235.12	44.11	.100	53.70	4.43
OFFICE VISITS	15	19		682.75	35.93	.068	45.52	2.45
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	8	9		552.37	61.37	.032	69.05	1.98
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	5	30		1,446.26	48.21	.108	289.25	5.18
HOSPITAL VISITS	4	28		1,203.06	42.97	.100	300.77	4.31
CRITICAL CARE	2	2		243.20	121.60	.007	121.60	.87
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	9		412.56	45.84	.032	58.94	1.48
EXAMINATIONS	7	9		412.56	45.84	.032	58.94	1.48
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	4	13		1,231.38		94.72	.047	307.85		4.41
PRINCIPAL SURGEON	3	3		960.71		320.24	.011	320.24		3.44
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	1	10		270.67		27.07	.036	270.67		.97
OUTPATIENT SURGERY	11	38		5,048.53		132.86	.136	458.96		18.10
PRINCIPAL SURGEON	9	13		4,286.40		329.72	.047	476.27		15.36
ASSISTANT SURGEON	1	1		134.77		134.77	.004	134.77		.48
ANESTHESIOLOGIST	3	24		627.36		26.14	.086	209.12		2.25
DIALYSIS	3	3		675.12		225.04	.011	225.04		2.42
PATHOLOGY	5	17		64.39		3.79	.061	12.88		.23
RADIOLOGY	11	30		598.17		19.94	.108	54.38		2.14
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	1		1,839.15		1839.15	.004	1839.15		6.59
OTHER SERVICES/ALL X-OVERS	37	86		1,830.65		21.29	.308	49.48		6.56
@PHARMACY	160	1,885	\$	58,682.10	\$	31.13	6.756	\$ 366.76	\$	210.33
PRESCRIPTION DRUGS	155	800		54,863.61		68.58	2.867	353.96		196.64
SNF/ICF	62	450		31,791.15		70.65	1.613	512.76		113.95
OUTPATIENTS	94	350		23,072.46		65.92	1.254	245.45		82.70
MEDICAL SUPPLIES	18	1,085		3,818.49		3.52	3.889	212.14		13.69
@DENTIST	19	69	\$	3,412.00	\$	49.45	.247	\$ 179.58	\$	12.23
VISITS - DIAGNOSTIC	13	43		642.00		14.93	.154	49.38		2.30
ORAL SURGERY	2	4		208.00		52.00	.014	104.00		.75
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	1	1		200.00		200.00	.004	200.00		.72
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	4	8		731.00		91.38	.029	182.75		2.62
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	4	13		1,631.00		125.46	.047	407.75		5.85
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
MOP024	FEE-FOR-SERVICE/DENTAL									
KERN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND									

PAGE 4,638
01/29/04

279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 22.59	\$ 22.59	.004	\$ 22.59	\$.08
DIAGNOSTIC AND ANC. PROCED	1	1	22.59	22.59	.004	22.59	.08
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	6	\$ 8.53	\$ 1.42	.022	\$ 2.84	\$.03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	3	6	8.53	1.42	.022	2.84	.03
@HOME HEALTH AGENCY	3	14	\$ 1,048.04	\$ 74.86	.050	\$ 349.35	\$ 3.76
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	41	269	\$ 29,356.38	\$ 109.13	.964	\$ 716.01	\$ 105.22
HOSP INPATIENT TOTAL	3	16	22,758.23	1422.39	.057	7586.08	81.57
HSC HOSPITALS	2	14	17,550.00	1253.57	.050	8775.00	62.90

NON-HSC HOSPITAL TOTAL	1	2	5,208.23	2604.12	.007	5208.23	18.67
ACCOMMODATIONS	1	2	358.64	179.32	.007	358.64	1.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	358.64	179.32	.007	358.64	1.29
ANCILLARIES	1	0	4,849.59	.00	.000	4849.59	17.38
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	39	253	6,598.15	26.08	.907	169.18	23.65
MEDICAL	20	30	1,032.30	34.41	.108	51.62	3.70
SURGERY	5	7	332.66	47.52	.025	66.53	1.19
PATHOLOGY	16	116	1,314.89	11.34	.416	82.18	4.71
RADIOLOGY	13	23	1,892.06	82.26	.082	145.54	6.78
ROOM USE	18	31	1,320.49	42.60	.111	73.36	4.73
CROSSOVERS/ALL OTH OUTPTNT	17	46	705.75	15.34	.165	41.51	2.53
@COUNTY HOSPITAL TOTAL	19	100	\$ 14,920.86	\$ 149.21	.358	\$ 785.31	\$ 53.48
CO HOSPITAL INPATIENT TOTAL	1	9	12,150.00	1350.00	.032	12150.00	43.55
HSC HOSPITALS	1	9	12,150.00	1350.00	.032	12150.00	43.55
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	19	91	2,770.86	30.45	.326	145.83	9.93
MEDICAL	10	14	365.19	26.09	.050	36.52	1.31
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	45	462.26	10.27	.161	77.04	1.66
RADIOLOGY	7	12	1,317.08	109.76	.043	188.15	4.72
ROOM USE	11	16	536.86	33.55	.057	48.81	1.92
CROSSOVERS/ALL OTH OUTPTNT	4	4	89.47	22.37	.014	22.37	.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,639
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND						

	279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25	169	\$	14,435.52	\$ 85.42	.606	\$ 577.42	\$ 51.74
COMM HOSP INPATIENT TOTAL	2	7		10,608.23	1515.46	.025	5304.12	38.02
HSC HOSPITALS	1	5		5,400.00	1080.00	.018	5400.00	19.35
NON-HSC HOSPITALS TOTAL	1	2		5,208.23	2604.12	.007	5208.23	18.67
ACCOMMODATIONS	1	2		358.64	179.32	.007	358.64	1.29
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		358.64	179.32	.007	358.64	1.29
ANCILLARIES	1	0		4,849.59	.00	.000	4849.59	17.38
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	23	162		3,827.29	23.63	.581	166.40	13.72
MEDICAL	11	16		667.11	41.69	.057	60.65	2.39
SURGERY	5	7		332.66	47.52	.025	66.53	1.19
PATHOLOGY	13	71		852.63	12.01	.254	65.59	3.06
RADIOLOGY	7	11		574.98	52.27	.039	82.14	2.06
ROOM USE	9	15		783.63	52.24	.054	87.07	2.81
CROSSOVERS/ALL OTH OUTPTNT	13	42		616.28	14.67	.151	47.41	2.21
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00

@NURSING FACILITY	50	1,546	\$	167,508.95	\$	108.35	5.541	\$	3350.18	\$	600.39
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	50	1,546		167,508.95		108.35	5.541		3350.18		600.39
@INTERMEDIATE CARE FACIL.-DD	12	384	\$	58,737.16	\$	152.96	1.376	\$	4894.76	\$	210.53
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	384		58,737.16		152.96	1.376		4894.76		210.53
@HEMODIALYSIS TOTAL	3	254	\$	8,826.49	\$	34.75	.910	\$	2942.16	\$	31.64
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	3	254		8,826.49		34.75	.910		2942.16		31.64
@REHABILITATION FACILITY	1	1	\$	21.19	\$	21.19	.004	\$	21.19	\$	.08
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	1	1		21.19		21.19	.004	21.19	.08
@LABORATORY FACILITY	15	92	\$	999.83	\$	10.87	.330	\$ 66.66	\$ 3.58
PATHOLOGY	14	91		962.33		10.58	.326	68.74	3.45
XO AND OTHERS	1	1		37.50		37.50	.004	37.50	.13
@ORGANIZED OUTPATIENT CLINIC	11	28	\$	1,541.67	\$	55.06	.100	\$ 140.15	\$ 5.53
CLINIC	2	4		195.77		48.94	.014	97.89	.70
SURGICENTER	2	16		1,054.42		65.90	.057	527.21	3.78
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	7	8		291.48		36.44	.029	41.64	1.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,640
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

279 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	50	4,845	\$ 8,127.43	\$ 1.68	17.366	\$ 162.55	\$ 29.13
DURABLE MED. EQUIP.	5	27	1,312.64	48.62	.097	262.53	4.70
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	934.94	934.94	.004	934.94	3.35
MEDICAL TRANSPORTATION	9	67	831.10	12.40	.240	92.34	2.98
AMBULANCES/AIR TRANS	2	25	343.23	13.73	.090	171.62	1.23
OTHER TRANS	6	29	486.16	16.76	.104	81.03	1.74
OTHER SERVICES	1	13	1.71	.13	.047	1.71	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	7	151.12	21.59	.025	50.37	.54
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	14	544.67	38.91	.050	136.17	1.95
PROSTHETICS	3	12	366.86	30.57	.043	122.29	1.31
ORTHOTICS	2	2	177.81	88.91	.007	88.91	.64
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	16	32	1,521.48	47.55	.115	95.09	5.45
HOSPICE SERVICES	1	13	1,415.16	108.86	.047	1415.16	5.07
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	156	544.62	3.49	.559	108.92	1.95
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	4,528	871.70	.19	16.229	72.64	3.12
@CALIF. CHILDREN SERVICES*	4	3,191	\$ 837.21	\$.26	11.437	\$ 209.30	\$ 3.00
@XOVER EXCLUDING STATE HOSP**	54	722	\$ 7,367.06	\$ 10.20	2.588	\$ 136.43	\$ 26.41

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,641
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED	

26,562 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21,966	774,771	\$ 27,083,379.54	\$ 34.96	29.168	\$ 1232.97	\$ 1019.63
@PHYSICIANS SERVICES	5,950	36,106	\$ 932,367.80	\$ 25.82	1.359	\$ 156.70	\$ 35.10
OUTPATIENT VISITS	1,500	2,195	91,941.68	41.89	.083	61.29	3.46
OFFICE VISITS	1,072	1,548	50,526.92	32.64	.058	47.13	1.90
HOME VISITS	6	8	453.81	56.73	.000	75.64	.02
EMERGENCY ROOM	442	533	37,654.27	70.65	.020	85.19	1.42

PREVENTIVE CARE	2	2	63.41	31.71	.000	31.71	.00
OB VISITS/COMPRI PERI	5	10	707.67	70.77	.000	141.53	.03
OTHER OUTPATIENT	82	94	2,535.60	26.97	.004	30.92	.10
INPATIENT VISITS	692	5,752	234,743.65	40.81	.217	339.22	8.84
HOSPITAL VISITS	569	4,856	169,715.31	34.95	.183	298.27	6.39
CRITICAL CARE	72	452	50,498.10	111.72	.017	701.36	1.90
SNF/ICF/TRANS IP CARE	135	444	14,530.24	32.73	.017	107.63	.55
OPHTHALMOLOGICAL SERVICES	52	68	2,904.74	42.72	.003	55.86	.11
EXAMINATIONS	51	67	2,869.45	42.83	.003	56.26	.11
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	293	1,450	121,342.22	83.68	.055	414.14	4.57
PRINCIPAL SURGEON	238	416	98,238.17	236.15	.016	412.77	3.70
ASSISTANT SURGEON	15	17	3,817.94	224.58	.001	254.53	.14
ANESTHESIOLOGIST	73	1,017	19,286.11	18.96	.038	264.19	.73
OUTPATIENT SURGERY	263	1,149	63,444.06	55.22	.043	241.23	2.39
PRINCIPAL SURGEON	210	276	54,159.13	196.23	.010	257.90	2.04
ASSISTANT SURGEON	4	4	386.82	96.71	.000	96.71	.01
ANESTHESIOLOGIST	63	869	8,898.11	10.24	.033	141.24	.33
DIALYSIS	103	353	28,226.34	79.96	.013	274.04	1.06
PATHOLOGY	378	1,713	13,439.72	7.85	.064	35.55	.51
RADIOLOGY	841	3,265	117,788.24	36.08	.123	140.06	4.43
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	98	1,819	34,544.71	18.99	.068	352.50	1.30
OTHER SERVICES/ALL X-OVERS	3,851	18,342	223,992.44	12.21	.691	58.16	8.43
@PHARMACY	17,012	171,835	\$ 7,423,731.01	\$ 43.20	6.469	\$ 436.38	\$ 279.49
PRESCRIPTION DRUGS	16,694	84,807	7,212,342.35	85.04	3.193	432.03	271.53
SNF/ICF	1,979	14,314	904,730.44	63.21	.539	457.17	34.06
OUTPATIENTS	14,845	70,493	6,307,611.91	89.48	2.654	424.90	237.47
MEDICAL SUPPLIES	1,820	87,028	211,388.66	2.43	3.276	116.15	7.96
@DENTIST	1,874	9,132	\$ 418,080.89	\$ 45.78	.344	\$ 223.10	\$ 15.74
VISITS - DIAGNOSTIC	1,216	5,014	57,096.80	11.39	.189	46.95	2.15
ORAL SURGERY	322	1,555	76,299.00	49.07	.059	236.95	2.87
DRUGS	42	86	1,205.00	14.01	.003	28.69	.05
ANESTHESIA	49	51	4,900.00	96.08	.002	100.00	.18
PERIODONTICS	193	235	33,469.45	142.42	.009	173.42	1.26
ENDODONTICS	106	147	31,026.00	211.06	.006	292.70	1.17
RESTORATIVE DENTISTRY	504	1,255	111,194.15	88.60	.047	220.62	4.19
PROSTHETICS	12	13	120.00	9.23	.000	10.00	.00
DENTURES, STAYPLATES	235	710	101,063.00	142.34	.027	430.06	3.80
SPACE MAINTAINERS	2	2	200.00	100.00	.000	100.00	.01
MAXILLOFACIAL SERVICES	4	4	486.24	121.56	.000	121.56	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	7	1,021.25	145.89	.000	340.42	.04
ALL OTHER SERVICES	45	53	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,642
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED						

26,562 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	452	1,178	\$ 27,689.46	\$ 23.51	.044	\$ 61.26	\$ 1.04
DIAGNOSTIC AND ANC. PROCED	251	253	11,686.25	46.19	.010	46.56	.44
EYE APPLIANCES	298	864	14,083.67	16.30	.033	47.26	.53
OTHER OPTOMETRIC SERVICES	53	61	1,919.54	31.47	.002	36.22	.07
@CHIROPRACTOR	35	61	\$ 886.05	\$ 14.53	.002	\$ 25.32	\$.03
VISITS	22	39	652.08	16.72	.001	29.64	.02
OTHER SERVICES	13	22	233.97	10.64	.001	18.00	.01
@PODIATRIST	277	547	\$ 6,316.22	\$ 11.55	.021	\$ 22.80	\$.24
MEDICINE/INJECTIONS	24	29	967.05	33.35	.001	40.29	.04
SURGERY/ANES.	5	5	452.59	90.52	.000	90.52	.02

RADIO./PATHOLOGY	5	10		166.08		16.61	.000	33.22	.01
OTHER	249	503		4,730.50		9.40	.019	19.00	.18
@HOME HEALTH AGENCY	89	5,525	\$	172,967.44	\$	31.31	.208	\$ 1943.45	\$ 6.51
NURSE ANESTHESIST	18	145	\$	1,640.89	\$	11.32	.005	\$ 91.16	\$.06
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,957	21,694	\$	5,215,583.68	\$	240.42	.817	\$ 1763.81	\$ 196.36
HOSP INPATIENT TOTAL	637	5,798		4,713,662.15		812.98	.218	7399.78	177.46
HSC HOSPITALS	288	3,061		3,371,869.50		1101.56	.115	11707.88	126.94
NON-HSC HOSPITAL TOTAL	102	837		1,084,476.40		1295.67	.032	10632.12	40.83
ACCOMMODATIONS	102	837		268,357.19		320.62	.032	2630.95	10.10
ADMINISTRATIVE DAYS	13	219		50,076.45		228.66	.008	3852.03	1.89
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	90	618		218,280.74		353.21	.023	2425.34	8.22
ANCILLARIES	101	0		816,119.21		.00	.000	8080.39	30.73
INPATIENT CROSSOVERS	263	1,900		257,316.25		135.43	.072	978.39	9.69
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,481	15,896		501,921.53		31.58	.598	202.31	18.90
MEDICAL	771	1,423		43,875.62		30.83	.054	56.91	1.65
SURGERY	204	226		22,444.51		99.31	.009	110.02	.84
PATHOLOGY	874	5,113		58,062.53		11.36	.192	66.43	2.19
RADIOLOGY	512	848		81,063.07		95.59	.032	158.33	3.05
ROOM USE	1,018	1,835		76,209.78		41.53	.069	74.86	2.87
CROSSOVERS/ALL OTH OUTPTNT	1,293	6,451		220,266.02		34.14	.243	170.35	8.29
@COUNTY HOSPITAL TOTAL	1,273	8,310	\$	1,962,573.77	\$	236.17	.313	\$ 1541.69	\$ 73.89
CO HOSPITAL INPATIENT TOTAL	161	1,562		1,669,541.44		1068.85	.059	10369.82	62.85
HSC HOSPITALS	144	1,332		1,604,560.57		1204.63	.050	11142.78	60.41
NON-HSC HOSPITALS TOTAL	7	142		56,932.61		400.93	.005	8133.23	2.14
ACCOMMODATIONS	7	142		32,266.35		227.23	.005	4609.48	1.21
ADMINISTRATIVE DAYS	7	142		32,266.35		227.23	.005	4609.48	1.21
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	7	0		24,666.26		.00	.000	3523.75	.93
INPATIENT CROSSOVERS	11	88		8,048.26		91.46	.003	731.66	.30
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,178	6,748		293,032.33		43.43	.254	248.75	11.03
MEDICAL	534	989		29,227.37		29.55	.037	54.73	1.10
SURGERY	70	82		15,812.75		192.84	.003	225.90	.60
PATHOLOGY	444	2,733		30,732.45		11.24	.103	69.22	1.16
RADIOLOGY	222	381		43,153.94		113.26	.014	194.39	1.62
ROOM USE	666	1,312		49,920.23		38.05	.049	74.96	1.88
CROSSOVERS/ALL OTH OUTPTNT	343	1,251		124,185.59		99.27	.047	362.06	4.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
KERN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED								

		----- MONTHLY AVERAGE -----						
26,562 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,789	13,384	\$ 3,253,009.91	\$ 243.05	.504	\$ 1818.34	\$ 122.47	
COMM HOSP INPATIENT TOTAL	487	4,236	3,044,120.71	718.63	.159	6250.76	114.60	
HSC HOSPITALS	151	1,729	1,767,308.93	1022.16	.065	11704.03	66.54	
NON-HSC HOSPITALS TOTAL	95	695	1,027,543.79	1478.48	.026	10816.25	38.68	
ACCOMMODATIONS	95	695	236,090.84	339.70	.026	2485.17	8.89	
ADMINISTRATIVE DAYS	6	77	17,810.10	231.30	.003	2968.35	.67	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	90	618	218,280.74	353.21	.023	2425.34	8.22	
ANCILLARIES	94	0	791,452.95	.00	.000	8419.71	29.80	
INPATIENT CROSSOVERS	252	1,812	249,267.99	137.57	.068	989.16	9.38	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	1,372	9,148		208,889.20		22.83	.344	152.25	7.86
MEDICAL	250	434		14,648.25		33.75	.016	58.59	.55
SURGERY	134	144		6,631.76		46.05	.005	49.49	.25
PATHOLOGY	449	2,380		27,330.08		11.48	.090	60.87	1.03
RADIOLOGY	296	467		37,909.13		81.18	.018	128.07	1.43
ROOM USE	369	523		26,289.55		50.27	.020	71.25	.99
CROSSOVERS/ALL OTH OUTPTNT	957	5,200		96,080.43		18.48	.196	100.40	3.62
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1,300	36,809	\$	5,932,922.68	\$	161.18	1.386	4563.79	223.36
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	5	139		85,330.71		613.89	.005	17066.14	3.21
LEV B-SUBACUTE HSPTL BASED	145	4,445		2,279,645.44		512.86	.167	15721.69	85.82
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1,194	32,225		3,567,946.53		110.72	1.213	2988.23	134.33
@INTERMEDIATE CARE FACIL.-DD	1,139	34,860	\$	5,033,927.64	\$	144.40	1.312	4419.60	189.52
ICF DDH	771	23,497		3,084,128.09		131.26	.885	4000.17	116.11
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	369	11,363		1,949,799.55		171.59	.428	5284.01	73.41
@HEMODIALYSIS TOTAL	553	7,699	\$	493,973.48	\$	64.16	.290	893.26	18.60
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	553	7,699		493,973.48		64.16	.290	893.26	18.60
@REHABILITATION FACILITY	6	45	\$	923.86	\$	20.53	.002	153.98	.03
HOSPITAL BASED	3	39		783.07		20.08	.001	261.02	.03
INDEPENDENT FACILITY	3	6		140.79		23.47	.000	46.93	.01
@LABORATORY FACILITY	1,107	4,947	\$	61,217.66	\$	12.37	.186	55.30	2.30
PATHOLOGY	1,000	4,598		56,088.49		12.20	.173	56.09	2.11
XO AND OTHERS	112	349		5,129.17		14.70	.013	45.80	.19
@ORGANIZED OUTPATIENT CLINIC	2,107	3,612	\$	201,643.37	\$	55.83	.136	95.70	7.59
CLINIC	71	127		3,456.67		27.22	.005	48.69	.13
SURGICENTER	88	260		14,214.01		54.67	.010	161.52	.54
HEROIN DETOX CLINIC	2	19		222.40		11.71	.001	111.20	.01
RURAL HEALTH CLINIC	1,956	3,206		183,750.29		57.31	.121	93.94	6.92
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				----- MONTHLY AVERAGE -----			
26,562 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4,479	440,576	\$ 1,159,507.41	\$ 2.63	16.587	\$ 258.88	\$ 43.65
DURABLE MED. EQUIP.	395	2,338	255,302.54	109.20	.088	646.34	9.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	24	34	13,687.68	402.58	.001	570.32	.52
MEDICAL TRANSPORTATION	745	42,284	174,081.02	4.12	1.592	233.67	6.55
AMBULANCES/AIR TRANS	342	5,618	59,716.63	10.63	.212	174.61	2.25
OTHER TRANS	380	35,853	96,190.34	2.68	1.350	253.13	3.62
OTHER SERVICES	66	813	18,174.05	22.35	.031	275.36	.68
ACUPUNCTURE	3	10	173.01	17.30	.000	57.67	.01
ADULT DAY HEALTH CARE CTR	98	1,534	106,063.03	69.14	.058	1082.28	3.99
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	27	1,709	55,394.37	32.41	.064	2051.64	2.09
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	591	1,410	19,433.42	13.78	.053	32.88	.73
PHYSICAL THERAPIST	4	10	102.52	10.25	.000	25.63	.00
PORTABLE X-RAY	13	49	1,155.88	23.59	.002	88.91	.04
PROSTHETIST/ORTHOTISTS	100	237	21,214.90	89.51	.009	212.15	.80
PROSTHETICS	99	234	21,202.08	90.61	.009	214.16	.80
ORTHOTICS	1	3	12.82	4.27	.000	12.82	.00

PSYCHOLOGIST	2	6	165.86	27.64	.000	82.93	.01
SPEECH AND AUDIOLOGY	531	1,150	56,812.02	49.40	.043	106.99	2.14
HOSPICE SERVICES	33	974	98,442.01	101.07	.037	2983.09	3.71
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	662	38,662	151,263.77	3.91	1.456	228.50	5.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,928	350,169	206,215.38	.59	13.183	106.96	7.76
@CALIF. CHILDREN SERVICES*	235	35,076	\$ 419,987.19	\$ 11.97	1.321	\$ 1787.18	\$ 15.81
@XOVER EXCLUDING STATE HOSP**	5,400	116,456	\$ 1,128,526.03	\$ 9.69	4.384	\$ 208.99	\$ 42.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

292,012 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	190,532	928,941	\$ 51,001,343.95	\$ 54.90	3.181	\$ 267.68	\$ 174.65
@PHYSICIANS SERVICES	27,514	93,705	\$ 5,271,147.82	\$ 56.25	.321	\$ 191.58	\$ 18.05
OUTPATIENT VISITS	15,901	31,186	1,147,074.77	36.78	.107	72.14	3.93
OFFICE VISITS	7,742	10,023	363,437.47	36.26	.034	46.94	1.24
HOME VISITS	1	1	68.62	68.62	.000	68.62	.00
EMERGENCY ROOM	5,616	6,345	341,646.95	53.85	.022	60.83	1.17
PREVENTIVE CARE	175	183	6,735.07	36.80	.001	38.49	.02
OB VISITS/COMPRE PERI	2,770	14,076	413,157.57	29.35	.048	149.15	1.41
OTHER OUTPATIENT	491	558	22,029.09	39.48	.002	44.87	.08
INPATIENT VISITS	3,386	13,869	1,196,618.43	86.28	.047	353.40	4.10
HOSPITAL VISITS	2,935	8,342	371,898.58	44.58	.029	126.71	1.27
CRITICAL CARE	570	5,440	821,128.38	150.94	.019	1440.58	2.81
SNF/ICF/TRANS IP CARE	20	87	3,591.47	41.28	.000	179.57	.01
OPHTHALMOLOGICAL SERVICES	143	156	7,681.61	49.24	.001	53.72	.03
EXAMINATIONS	143	156	7,681.61	49.24	.001	53.72	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3,216	10,796	1,650,207.70	152.85	.037	513.12	5.65
PRINCIPAL SURGEON	2,461	2,878	1,421,711.05	493.99	.010	577.70	4.87
ASSISTANT SURGEON	239	242	44,093.35	182.20	.001	184.49	.15
ANESTHESIOLOGIST	871	7,676	184,403.30	24.02	.026	211.71	.63
OUTPATIENT SURGERY	1,964	4,733	340,977.60	72.04	.016	173.61	1.17
PRINCIPAL SURGEON	1,561	2,010	286,820.35	142.70	.007	183.74	.98
ASSISTANT SURGEON	18	18	3,084.20	171.34	.000	171.34	.01
ANESTHESIOLOGIST	545	2,705	51,073.05	18.88	.009	93.71	.17
DIALYSIS	87	225	28,984.08	128.82	.001	333.15	.10
PATHOLOGY	4,001	11,557	128,032.62	11.08	.040	32.00	.44
RADIOLOGY	6,286	11,986	480,902.91	40.12	.041	76.50	1.65
PSYCHIATRY	14	15	498.61	33.24	.000	35.62	.00
IMMUNIZATION AND INJECTION	696	2,753	83,573.62	30.36	.009	120.08	.29
OTHER SERVICES/ALL X-OVERS	2,880	6,429	206,595.87	32.13	.022	71.73	.71
@PHARMACY	30,254	97,458	\$ 3,626,364.75	\$ 37.21	.334	\$ 119.86	\$ 12.42
PRESCRIPTION DRUGS	29,794	66,595	3,423,025.34	51.40	.228	114.89	11.72
SNF/ICF	34	231	14,575.77	63.10	.001	428.70	.05
OUTPATIENTS	29,768	66,364	3,408,449.57	51.36	.227	114.50	11.67
MEDICAL SUPPLIES	1,271	30,863	203,339.41	6.59	.106	159.98	.70
@DENTIST	51,414	310,384	\$ 9,002,173.41	\$ 29.00	1.063	\$ 175.09	\$ 30.83
VISITS - DIAGNOSTIC	35,976	209,733	2,319,036.20	11.06	.718	64.46	7.94
ORAL SURGERY	8,049	16,923	1,014,830.10	59.97	.058	126.08	3.48
DRUGS	1,952	2,637	49,800.00	18.89	.009	25.51	.17
ANESTHESIA	863	874	79,300.00	90.73	.003	91.89	.27
PERIODONTICS	2,262	2,388	333,403.85	139.62	.008	147.39	1.14
ENDODONTICS	4,919	8,467	1,076,558.95	127.15	.029	218.86	3.69
RESTORATIVE DENTISTRY	19,609	60,667	3,559,754.56	58.68	.208	181.54	12.19
PROSTHETICS	137	143	3,930.00	27.48	.000	28.69	.01
DENTURES, STAYPLATES	808	3,127	274,263.40	87.71	.011	339.43	.94
SPACE MAINTAINERS	673	837	90,468.48	108.09	.003	134.43	.31
MAXILLOFACIAL SERVICES	85	94	9,529.08	101.37	.000	112.11	.03
FRACTURES, DISLOCATIONS	1	2	1,550.00	775.00	.000	1550.00	.01
ORTHODONTIC SERVICES	1,990	2,455	183,105.29	74.58	.008	92.01	.63
ALL OTHER SERVICES	1,179	2,037	6,643.50	3.26	.007	5.63	.02

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292,012 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAY

----- MONTHLY AVERAGE -----
UNITS/DAYS COST PER
PER ELIG USER

COST PER
ELIGIBLE

@OPTOMETRIST	1,611	4,366	\$	106,221.07	\$	24.33	.015	\$	65.93	\$	.36
DIAGNOSTIC AND ANC. PROCED	1,291	1,306		59,932.43		45.89	.004		46.42		.21
EYE APPLIANCES	1,002	2,985		43,467.98		14.56	.010		43.38		.15
OTHER OPTOMETRIC SERVICES	63	75		2,820.66		37.61	.000		44.77		.01
@CHIROPRACTOR	1,158	1,729	\$	28,680.62	\$	16.59	.006	\$	24.77	\$	.10
VISITS	1,157	1,728		28,663.90		16.59	.006		24.77		.10
OTHER SERVICES	1	1		16.72		16.72	.000		16.72		.00
@PODIATRIST	57	105	\$	3,831.53	\$	36.49	.000	\$	67.22	\$	.01
MEDICINE/INJECTIONS	50	62		2,130.45		34.36	.000		42.61		.01
SURGERY/ANES.	5	6		107.79		17.97	.000		21.56		.00
RADIO./PATHOLOGY	7	12		214.52		17.88	.000		30.65		.00
OTHER	15	25		1,378.77		55.15	.000		91.92		.00
@HOME HEALTH AGENCY	155	2,541	\$	103,474.43	\$	40.72	.009	\$	667.58	\$	.35
NURSE ANESTHESIST	175	961	\$	19,717.39	\$	20.52	.003	\$	112.67	\$	.07
NURSE MIDWIFE	1	3	\$	77.67	\$	25.89	.000	\$	77.67	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	21,904	98,097	\$	22,244,287.76	\$	226.76	.336	\$	1015.54	\$	76.18
HOSP INPATIENT TOTAL	3,546	15,321		19,916,135.32		1299.92	.052		5616.51		68.20
HSC HOSPITALS	3,136	13,541		17,604,690.36		1300.10	.046		5613.74		60.29
NON-HSC HOSPITAL TOTAL	417	1,763		2,306,664.05		1308.37	.006		5531.57		7.90
ACCOMMODATIONS	416	1,763		534,077.83		302.94	.006		1283.84		1.83
ADMINISTRATIVE DAYS	6	33		7,401.60		224.29	.000		1233.60		.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	411	1,730		526,676.23		304.44	.006		1281.45		1.80
ANCILLARIES	415	0		1,772,586.22		.00	.000		4271.29		6.07
INPATIENT CROSSOVERS	7	17		4,780.91		281.23	.000		682.99		.02
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	20,108	82,776		2,328,152.44		28.13	.283		115.78		7.97
MEDICAL	3,483	5,028		206,815.83		41.13	.017		59.38		.71
SURGERY	1,252	1,617		123,519.73		76.39	.006		98.66		.42
PATHOLOGY	7,542	31,374		342,117.46		10.90	.107		45.36		1.17
RADIOLOGY	4,165	5,673		408,771.59		72.06	.019		98.14		1.40
ROOM USE	10,522	15,322		663,710.19		43.32	.052		63.08		2.27
CROSSOVERS/ALL OTH OUTPTNT	8,895	23,762		583,217.64		24.54	.081		65.57		2.00
@COUNTY HOSPITAL TOTAL	11,112	48,344	\$	12,299,092.01	\$	254.41	.166	\$	1106.83	\$	42.12
CO HOSPITAL INPATIENT TOTAL	1,966	8,382		11,077,446.35		1321.58	.029		5634.51		37.93
HSC HOSPITALS	1,966	8,368		11,073,739.17		1323.34	.029		5632.62		37.92
NON-HSC HOSPITALS TOTAL	1	14		3,707.18		264.80	.000		3707.18		.01
ACCOMMODATIONS	1	14		3,238.20		231.30	.000		3238.20		.01
ADMINISTRATIVE DAYS	1	14		3,238.20		231.30	.000		3238.20		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		468.98		.00	.000		468.98		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	10,229	39,962		1,221,645.66		30.57	.137		119.43		4.18
MEDICAL	1,707	2,317		86,558.10		37.36	.008		50.71		.30
SURGERY	599	844		89,727.40		106.31	.003		149.80		.31
PATHOLOGY	3,229	13,643		138,455.50		10.15	.047		42.88		.47
RADIOLOGY	1,302	1,773		149,404.35		84.27	.006		114.75		.51
ROOM USE	5,112	8,154		367,128.16		45.02	.028		71.82		1.26
CROSSOVERS/ALL OTH OUTPTNT	4,628	13,231		390,372.15		29.50	.045		84.35		1.34
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----- MONTHLY AVERAGE -----											
292,012 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER				
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE				
@COMMUNITY HOSPITAL TOTAL	11,245	49,753	\$	9,945,195.75	\$	199.89	.170	\$	884.41	\$	34.06

COMM HOSP INPATIENT TOTAL	1,595	6,939	8,838,688.97	1273.77	.024	5541.50	30.27
HSC HOSPITALS	1,182	5,173	6,530,951.19	1262.51	.018	5525.34	22.37
NON-HSC HOSPITALS TOTAL	416	1,749	2,302,956.87	1316.73	.006	5535.95	7.89
ACCOMMODATIONS	415	1,749	530,839.63	303.51	.006	1279.13	1.82
ADMINISTRATIVE DAYS	5	19	4,163.40	219.13	.000	832.68	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	411	1,730	526,676.23	304.44	.006	1281.45	1.80
ANCILLARIES	414	0	1,772,117.24	.00	.000	4280.48	6.07
INPATIENT CROSSOVERS	7	17	4,780.91	281.23	.000	682.99	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,254	42,814	1,106,506.78	25.84	.147	107.91	3.79
MEDICAL	1,792	2,711	120,257.73	44.36	.009	67.11	.41
SURGERY	659	773	33,792.33	43.72	.003	51.28	.12
PATHOLOGY	4,412	17,731	203,661.96	11.49	.061	46.16	.70
RADIOLOGY	2,893	3,900	259,367.24	66.50	.013	89.65	.89
ROOM USE	5,584	7,168	296,582.03	41.38	.025	53.11	1.02
CROSSOVERS/ALL OTH OUTPTNT	4,327	10,531	192,845.49	18.31	.036	44.57	.66
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	22	692	337,393.49	487.56	.002	15336.07	1.16
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	8	232	139,586.50	601.67	.001	17448.31	.48
LEV B-SUBACUTE HSPTL BASED	8	308	165,834.11	538.42	.001	20729.26	.57
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6	152	31,972.88	210.35	.001	5328.81	.11
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	123	4,668	222,914.41	47.75	.016	1812.31	.76
HOSPITAL BASED	8	12	30,535.17	2544.60	.000	3816.90	.10
HEMODIALYSIS CENTER	115	4,656	192,379.24	41.32	.016	1672.86	.66
@REHABILITATION FACILITY	27	115	3,260.52	28.35	.000	120.76	.01
HOSPITAL BASED	22	43	2,014.89	46.86	.000	91.59	.01
INDEPENDENT FACILITY	5	72	1,245.63	17.30	.000	249.13	.00
@LABORATORY FACILITY	5,653	20,519	279,017.36	13.60	.070	49.36	.96
PATHOLOGY	5,645	20,494	278,773.30	13.60	.070	49.38	.95
XO AND OTHERS	9	25	244.06	9.76	.000	27.12	.00
@ORGANIZED OUTPATIENT CLINIC	57,917	96,624	7,787,403.52	80.59	.331	134.46	26.67
CLINIC	1,423	4,268	124,037.57	29.06	.015	87.17	.42
SURGICENTER	64	340	10,816.86	31.81	.001	169.01	.04
HEROIN DETOX CLINIC	4	46	457.92	9.95	.000	114.48	.00
RURAL HEALTH CLINIC	56,469	91,970	7,652,091.17	83.20	.315	135.51	26.20
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						----- MONTHLY AVERAGE -----	
292,012 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	34,767	196,974	\$ 1,965,378.20	\$ 9.98	.675	\$ 56.53	\$ 6.73
DURABLE MED. EQUIP.	197	372	50,435.41	135.58	.001	256.02	.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	110.19	55.10	.000	110.19	.00
MEDICAL TRANSPORTATION	1,532	41,801	469,979.27	11.24	.143	306.77	1.61
AMBULANCES/AIR TRANS	1,499	24,103	322,012.85	13.36	.083	214.82	1.10
OTHER TRANS	35	17,626	29,799.11	1.69	.060	851.40	.10
OTHER SERVICES	67	72	118,167.31	1641.21	.000	1763.69	.40
ACUPUNCTURE	12	49	848.83	17.32	.000	70.74	.00

ADULT DAY HEALTH CARE CTR	6	16	1,014.37	63.40	.000	169.06	.00
GENETIC DISEASE TESTING	1,806	1,809	186,432.25	103.06	.006	103.23	.64
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8,089	17,195	167,965.96	9.77	.059	20.76	.58
PHYSICAL THERAPIST	60	176	7,973.50	45.30	.001	132.89	.03
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	405	968	64,133.17	66.25	.003	158.35	.22
PROSTHETICS	226	730	43,863.08	60.09	.002	194.08	.15
ORTHOTICS	231	238	20,270.09	85.17	.001	87.75	.07
PSYCHOLOGIST	37	124	5,055.80	40.77	.000	136.64	.02
SPEECH AND AUDIOLOGY	99	347	16,189.57	46.66	.001	163.53	.06
HOSPICE SERVICES	6	142	16,279.89	114.65	.000	2713.32	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22,766	106,640	957,815.54	8.98	.365	42.07	3.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	102	27,333	21,144.45	.77	.094	207.30	.07
@CALIF. CHILDREN SERVICES*	4,521	74,048	\$ 10,314,165.02	\$ 139.29	.254	\$ 2281.39	\$ 35.32
@XOVER EXCLUDING STATE HOSP**	286	8,494	\$ 41,124.73	\$ 4.84	.029	\$ 143.79	\$.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,649
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

						----- MONTHLY AVERAGE -----	
359,525 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	246,795	2,925,543	\$ 134,440,715.61	\$ 45.95	8.137	\$ 544.75	\$ 373.94
@PHYSICIANS SERVICES	40,169	160,581	\$ 6,864,237.85	\$ 42.75	.447	\$ 170.88	\$ 19.09
OUTPATIENT VISITS	18,435	34,907	1,297,025.58	37.16	.097	70.36	3.61
OFFICE VISITS	9,715	12,892	456,860.71	35.44	.036	47.03	1.27
HOME VISITS	7	9	522.43	58.05	.000	74.63	.00
EMERGENCY ROOM	6,227	7,073	394,214.43	55.74	.020	63.31	1.10
PREVENTIVE CARE	177	185	6,798.48	36.75	.001	38.41	.02
OB VISITS/COMPRE PERI	2,775	14,086	413,865.24	29.38	.039	149.14	1.15
OTHER OUTPATIENT	582	662	24,764.29	37.41	.002	42.55	.07
INPATIENT VISITS	4,341	22,659	1,524,725.91	67.29	.063	351.24	4.24
HOSPITAL VISITS	3,693	15,904	611,576.96	38.45	.044	165.60	1.70
CRITICAL CARE	674	6,039	889,000.68	147.21	.017	1318.99	2.47
SNF/ICF/TRANS IP CARE	242	716	24,148.27	33.73	.002	99.79	.07
OPHTHALMOLOGICAL SERVICES	277	323	14,597.14	45.19	.001	52.70	.04
EXAMINATIONS	276	322	14,561.85	45.22	.001	52.76	.04
SERVICES AND MATERIALS	1	1	35.29	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	3,608	12,752	1,813,781.28	142.24	.035	502.71	5.04
PRINCIPAL SURGEON	2,778	3,427	1,551,761.64	452.80	.010	558.59	4.32
ASSISTANT SURGEON	263	268	50,229.67	187.42	.001	190.99	.14
ANESTHESIOLOGIST	972	9,057	211,789.97	23.38	.025	217.89	.59
OUTPATIENT SURGERY	2,390	6,467	462,342.01	71.49	.018	193.45	1.29
PRINCIPAL SURGEON	1,908	2,488	392,464.44	157.74	.007	205.69	1.09
ASSISTANT SURGEON	24	24	3,723.81	155.16	.000	155.16	.01
ANESTHESIOLOGIST	647	3,955	66,153.76	16.73	.011	102.25	.18
DIALYSIS	281	920	78,144.10	84.94	.003	278.09	.22
PATHOLOGY	4,719	14,967	150,582.03	10.06	.042	31.91	.42
RADIOLOGY	7,621	16,687	660,328.07	39.57	.046	86.65	1.84
PSYCHIATRY	14	15	498.61	33.24	.000	35.62	.00
IMMUNIZATION AND INJECTION	883	5,939	161,748.13	27.23	.017	183.18	.45
OTHER SERVICES/ALL X-OVERS	12,168	44,945	700,464.99	15.58	.125	57.57	1.95

@PHARMACY	75,144	535,543	\$	19,586,699.94	\$	36.57	1.490	\$	260.66	\$	54.48
PRESCRIPTION DRUGS	74,070	304,593		19,016,469.75		62.43	.847		256.74		52.89
SNF/ICF	13,555	99,803		5,017,975.31		50.28	.278		370.19		13.96
OUTPATIENTS	60,947	204,790		13,998,494.44		68.36	.570		229.68		38.94
MEDICAL SUPPLIES	4,993	230,950		570,230.19		2.47	.642		114.21		1.59
@DENTIST	55,408	328,394	\$	9,833,386.98	\$	29.94	.913	\$	177.47	\$	27.35
VISITS - DIAGNOSTIC	38,727	219,858		2,447,334.95		11.13	.612		63.19		6.81
ORAL SURGERY	8,686	19,746		1,146,824.60		58.08	.055		132.03		3.19
DRUGS	2,011	2,766		51,455.00		18.60	.008		25.59		.14
ANESTHESIA	939	952		86,400.00		90.76	.003		92.01		.24
PERIODONTICS	2,559	2,729		382,320.30		140.10	.008		149.40		1.06
ENDODONTICS	5,085	8,697		1,126,636.95		129.54	.024		221.56		3.13
RESTORATIVE DENTISTRY	20,371	62,602		3,724,822.21		59.50	.174		182.85		10.36
PROSTHETICS	161	168		4,406.70		26.23	.000		27.37		.01
DENTURES, STAYPLATES	1,581	5,302		570,182.43		107.54	.015		360.65		1.59
SPACE MAINTAINERS	675	839		90,668.48		108.07	.002		134.32		.25

MAXILLOFACIAL SERVICES	89	98	10,015.32	102.20	.000	112.53	.03
FRACTURES, DISLOCATIONS	1	2	1,550.00	775.00	.000	1550.00	.00
ORTHODONTIC SERVICES	1,993	2,462	184,126.54	74.79	.007	92.39	.51
ALL OTHER SERVICES	1,290	2,173	6,643.50	3.06	.006	5.15	.02

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDED - TOTAL

PAGE 4,650 01/29/04

359,525 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,727	7,319	\$ 170,321.05	\$ 23.27	.020	\$ 62.46	\$.47
DIAGNOSTIC AND ANC. PROCED	1,745	1,762	81,035.07	45.99	.005	46.44	.23
EYE APPLIANCES	1,781	5,213	80,726.98	15.49	.014	45.33	.22
OTHER OPTOMETRIC SERVICES	260	344	8,559.00	24.88	.001	32.92	.02
@CHIROPRACTOR	1,203	1,809	\$ 29,609.47	\$ 16.37	.005	\$ 24.61	\$.08
VISITS	1,179	1,767	29,315.98	16.59	.005	24.87	.08
OTHER SERVICES	24	42	293.49	6.99	.000	12.23	.00
@PODIATRIST	1,736	2,874	\$ 22,212.86	\$ 7.73	.008	\$ 12.80	\$.06
MEDICINE/INJECTIONS	87	108	3,651.70	33.81	.000	41.97	.01
SURGERY/ANES.	10	11	560.38	50.94	.000	56.04	.00
RADIO./PATHOLOGY	13	24	415.20	17.30	.000	31.94	.00
OTHER	1,654	2,731	17,585.58	6.44	.008	10.63	.05
@HOME HEALTH AGENCY	254	8,119	\$ 280,246.41	\$ 34.52	.023	\$ 1103.33	\$.78
NURSE ANESTHESIST	194	1,109	\$ 21,419.61	\$ 19.31	.003	\$ 110.41	\$.06
NURSE MIDWIFE	1	3	\$ 77.67	\$ 25.89	.000	\$ 77.67	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	27,176	134,965	\$ 29,267,989.66	\$ 216.86	.375	\$ 1076.98	\$ 81.41
HOSP INPATIENT TOTAL	4,841	25,506	26,205,958.48	1027.44	.071	5413.34	72.89
HSC HOSPITALS	3,525	17,306	21,722,736.93	1255.21	.048	6162.48	60.42
NON-HSC HOSPITAL TOTAL	546	2,850	3,751,029.55	1316.15	.008	6870.02	10.43
ACCOMMODATIONS	545	2,850	873,865.71	306.62	.008	1603.42	2.43
ADMINISTRATIVE DAYS	23	265	60,484.95	228.25	.001	2629.78	.17
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	524	2,585	813,380.76	314.65	.007	1552.25	2.26
ANCILLARIES	543	0	2,877,163.84	.00	.000	5298.64	8.00
INPATIENT CROSSOVERS	805	5,350	732,192.00	136.86	.015	909.56	2.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	24,336	109,459	3,062,031.18	27.97	.304	125.82	8.52
MEDICAL	4,540	6,908	267,643.07	38.74	.019	58.95	.74
SURGERY	1,532	1,931	153,414.60	79.45	.005	100.14	.43
PATHOLOGY	8,780	38,348	421,112.27	10.98	.107	47.96	1.17
RADIOLOGY	4,906	6,893	520,817.15	75.56	.019	106.16	1.45
ROOM USE	11,899	17,720	763,729.39	43.10	.049	64.18	2.12
CROSSOVERS/ALL OTH OUTPTNT	11,444	37,659	935,314.70	24.84	.105	81.73	2.60
@COUNTY HOSPITAL TOTAL	12,894	59,066	\$ 14,625,247.39	\$ 247.61	.164	\$ 1134.27	\$ 40.68
CO HOSPITAL INPATIENT TOTAL	2,164	10,258	13,040,965.40	1271.30	.029	6026.32	36.27
HSC HOSPITALS	2,138	9,917	12,965,131.74	1307.36	.028	6064.14	36.06
NON-HSC HOSPITALS TOTAL	9	158	61,732.90	390.71	.000	6859.21	.17
ACCOMMODATIONS	9	158	35,967.15	227.64	.000	3996.35	.10
ADMINISTRATIVE DAYS	9	158	35,967.15	227.64	.000	3996.35	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	9	0	25,765.75	.00	.000	2862.86	.07
INPATIENT CROSSOVERS	20	183	14,100.76	77.05	.001	705.04	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11,895	48,808	1,584,281.99	32.46	.136	133.19	4.41
MEDICAL	2,441	3,615	125,184.56	34.63	.010	51.28	.35
SURGERY	698	964	109,855.27	113.96	.003	157.39	.31
PATHOLOGY	3,828	17,210	178,663.92	10.38	.048	46.67	.50

RADIOLOGY	1,622	2,312	210,518.51	91.05	.006	129.79	.59
ROOM USE	6,022	9,867	432,619.82	43.85	.027	71.84	1.20
CROSSOVERS/ALL OTH OUTPTNT	5,134	14,840	527,439.91	35.54	.041	102.73	1.47

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,651
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
359,525 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	14,868	75,899	\$ 14,642,742.27	\$ 192.92	.211	\$ 984.85	\$ 40.73
COMM HOSP INPATIENT TOTAL	2,703	15,248	13,164,993.08	863.39	.042	4870.51	36.62
HSC HOSPITALS	1,406	7,389	8,757,605.19	1185.22	.021	6228.74	24.36
NON-HSC HOSPITALS TOTAL	537	2,692	3,689,296.65	1370.47	.007	6870.20	10.26
ACCOMMODATIONS	536	2,692	837,898.56	311.26	.007	1563.24	2.33
ADMINISTRATIVE DAYS	14	107	24,517.80	229.14	.000	1751.27	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	524	2,585	813,380.76	314.65	.007	1552.25	2.26
ANCILLARIES	534	0	2,851,398.09	.00	.000	5339.70	7.93
INPATIENT CROSSOVERS	785	5,167	718,091.24	138.98	.014	914.77	2.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12,909	60,651	1,477,749.19	24.36	.169	114.47	4.11
MEDICAL	2,135	3,293	142,458.51	43.26	.009	66.73	.40
SURGERY	840	967	43,559.33	45.05	.003	51.86	.12
PATHOLOGY	5,076	21,138	242,448.35	11.47	.059	47.76	.67
RADIOLOGY	3,321	4,581	310,298.64	67.74	.013	93.44	.86
ROOM USE	6,076	7,853	331,109.57	42.16	.022	54.49	.92
CROSSOVERS/ALL OTH OUTPTNT	6,379	22,819	407,874.79	17.87	.063	63.94	1.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13,664	411,571	\$ 47,851,692.85	\$ 116.27	1.145	\$ 3502.03	\$ 133.10
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	13	371	224,917.21	606.25	.001	17301.32	.63
LEV B-SUBACUTE HSPTL BASED	277	8,657	4,380,618.64	506.02	.024	15814.51	12.18
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	13,470	402,543	43,246,157.00	107.43	1.120	3210.55	120.29
@INTERMEDIATE CARE FACIL.-DD	1,342	40,921	\$ 5,923,407.52	\$ 144.75	.114	\$ 4413.87	\$ 16.48
ICF DDH	890	27,043	3,559,166.74	131.61	.075	3999.06	9.90
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	453	13,878	2,364,240.78	170.36	.039	5219.07	6.58
@HEMODIALYSIS TOTAL	1,075	17,405	\$ 1,074,590.93	\$ 61.74	.048	\$ 999.62	\$ 2.99
HOSPITAL BASED	8	12	30,535.17	2544.60	.000	3816.90	.08
HEMODIALYSIS CENTER	1,067	17,393	1,044,055.76	60.03	.048	978.50	2.90
@REHABILITATION FACILITY	36	163	\$ 4,249.94	\$ 26.07	.000	\$ 118.05	\$.01
HOSPITAL BASED	27	84	2,842.33	33.84	.000	105.27	.01
INDEPENDENT FACILITY	9	79	1,407.61	17.82	.000	156.40	.00
@LABORATORY FACILITY	7,640	29,454	\$ 380,771.68	\$ 12.93	.082	\$ 49.84	\$ 1.06
PATHOLOGY	7,391	28,611	372,887.77	13.03	.080	50.45	1.04
XO AND OTHERS	257	843	7,883.91	9.35	.002	30.68	.02
@ORGANIZED OUTPATIENT CLINIC	61,863	103,339	\$ 8,166,714.17	\$ 79.03	.287	\$ 132.01	\$ 22.72
CLINIC	1,547	4,488	130,478.58	29.07	.012	84.34	.36
SURGICENTER	340	1,031	59,369.06	57.58	.003	174.61	.17
HEROIN DETOX CLINIC	6	65	680.32	10.47	.000	113.39	.00
RURAL HEALTH CLINIC	60,043	97,755	7,976,186.21	81.59	.272	132.84	22.19

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,652
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE UNITS/DAYS	COST PER	COST PER
359,525 ELIGIBLES							

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	45,918	1,141,974	\$ 4,963,087.02	\$ 4.35	3.176	\$ 108.09	\$ 13.80
DURABLE MED. EQUIP.	1,242	6,401	725,799.11	113.39	.018	584.38	2.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	192	272	104,517.28	384.25	.001	544.36	.29
MEDICAL TRANSPORTATION	4,564	195,786	1,019,809.19	5.21	.545	223.45	2.84
AMBULANCES/AIR TRANS	2,045	30,966	406,181.01	13.12	.086	198.62	1.13
OTHER TRANS	2,397	160,721	465,225.77	2.89	.447	194.09	1.29
OTHER SERVICES	312	4,099	148,402.41	36.20	.011	475.65	.41
ACUPUNCTURE	18	78	1,316.51	16.88	.000	73.14	.00
ADULT DAY HEALTH CARE CTR	215	3,502	241,383.02	68.93	.010	1122.71	.67
GENETIC DISEASE TESTING	1,806	1,809	186,432.25	103.06	.005	103.23	.52
IHMC,MODEL-NF,NF,AIDS,MSSP	120	2,398	100,800.49	42.04	.007	840.00	.28
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9,536	20,596	217,308.16	10.55	.057	22.79	.60
PHYSICAL THERAPIST	64	186	8,076.02	43.42	.001	126.19	.02
PORTABLE X-RAY	74	185	2,842.64	15.37	.001	38.41	.01
PROSTHETIST/ORTHOTISTS	587	1,393	95,993.57	68.91	.004	163.53	.27
PROSTHETICS	406	1,150	75,532.85	65.68	.003	186.04	.21
ORTHOTICS	234	243	20,460.72	84.20	.001	87.44	.06
PSYCHOLOGIST	58	152	5,601.65	36.85	.000	96.58	.02
SPEECH AND AUDIOLOGY	857	1,989	115,221.43	57.93	.006	134.45	.32
HOSPICE SERVICES	233	6,287	571,093.09	90.84	.017	2451.04	1.59
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	23,437	145,471	1,109,748.86	7.63	.405	47.35	3.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4,730	755,469	457,143.75	.61	2.101	96.65	1.27
@CALIF. CHILDREN SERVICES*	4,761	112,316	\$ 10,735,042.41	\$ 95.58	.312	\$ 2254.79	\$ 29.86
@XOVER EXCLUDING STATE HOSP**	16,154	355,471	\$ 3,731,312.90	\$ 10.50	.989	\$ 230.98	\$ 10.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,653
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	30,231 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,159	123,198	\$ 3,580,357.21	\$ 29.06	4.075	\$ 236.19	\$ 118.43	
@PHYSICIANS SERVICES	3,327	7,976	\$ 377,249.03	\$ 47.30	.264	\$ 113.39	\$ 12.48	
OUTPATIENT VISITS	2,460	3,537	130,266.74	36.83	.117	52.95	4.31	
OFFICE VISITS	1,706	2,113	71,780.08	33.97	.070	42.08	2.37	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	623	681	33,777.05	49.60	.023	54.22	1.12	
PREVENTIVE CARE	17	19	689.29	36.28	.001	40.55	.02	
OB VISITS/COMPRE PERI	141	658	21,672.24	32.94	.022	153.70	.72	
OTHER OUTPATIENT	63	66	2,348.08	35.58	.002	37.27	.08	
INPATIENT VISITS	206	1,100	105,445.68	95.86	.036	511.87	3.49	
HOSPITAL VISITS	167	476	23,338.11	49.03	.016	139.75	.77	
CRITICAL CARE	50	624	82,107.57	131.58	.021	1642.15	2.72	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	27	32	1,432.16	44.76	.001	53.04	.05	
EXAMINATIONS	27	32	1,432.16	44.76	.001	53.04	.05	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	111	480	52,167.78	108.68	.016	469.98	1.73	
PRINCIPAL SURGEON	76	134	41,035.97	306.24	.004	539.95	1.36	
ASSISTANT SURGEON	5	7	1,442.62	206.09	.000	288.52	.05	
ANESTHESIOLOGIST	38	339	9,689.19	28.58	.011	254.98	.32	

OUTPATIENT SURGERY	156	368		22,514.26		61.18	.012	144.32	.74
PRINCIPAL SURGEON	124	146		17,332.87		118.72	.005	139.78	.57
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	49	222		5,181.39		23.34	.007	105.74	.17
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	355	799		8,155.91		10.21	.026	22.97	.27
RADIOLOGY	583	953		33,129.18		34.76	.032	56.83	1.10
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	62	97		2,411.59		24.86	.003	38.90	.08
OTHER SERVICES/ALL X-OVERS	291	610		21,725.73		35.62	.020	74.66	.72
@PHARMACY	5,752	17,670	\$	517,315.36	\$	29.28	.584	\$ 89.94	\$ 17.11
PRESCRIPTION DRUGS	5,709	12,273		501,938.11		40.90	.406	87.92	16.60
SNF/ICF	18	84		9,544.59		113.63	.003	530.26	.32
OUTPATIENTS	5,695	12,189		492,393.52		40.40	.403	86.46	16.29
MEDICAL SUPPLIES	170	5,397		15,377.25		2.85	.179	90.45	.51
@DENTIST	2,091	14,100	\$	369,614.85	\$	26.21	.466	\$ 176.76	\$ 12.23
VISITS - DIAGNOSTIC	1,589	9,885		118,342.35		11.97	.327	74.48	3.91
ORAL SURGERY	288	610		39,712.70		65.10	.020	137.89	1.31
DRUGS	124	171		3,385.00		19.80	.006	27.30	.11
ANESTHESIA	38	42		3,600.00		85.71	.001	94.74	.12
PERIODONTICS	23	22		2,901.00		131.86	.001	126.13	.10
ENDODONTICS	199	391		43,690.00		111.74	.013	219.55	1.45
RESTORATIVE DENTISTRY	792	2,685		141,445.10		52.68	.089	178.59	4.68
PROSTHETICS	1	1		30.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	2	11		507.00		46.09	.000	253.50	.02
SPACE MAINTAINERS	34	46		5,120.00		111.30	.002	150.59	.17
MAXILLOFACIAL SERVICES	5	4		200.00		50.00	.000	40.00	.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	121	159		10,356.70		65.14	.005	85.59	.34
ALL OTHER SERVICES	64	73		325.00		4.45	.002	5.08	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,654
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W								

30,231 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	343	813	\$	21,058.73	\$ 25.90	.027	\$ 61.40	\$.70	
DIAGNOSTIC AND ANC. PROCED	284	286		13,125.80	45.89	.009	46.22	.43	
EYE APPLIANCES	186	520		7,731.71	14.87	.017	41.57	.26	
OTHER OPTOMETRIC SERVICES	7	7		201.22	28.75	.000	28.75	.01	
@CHIROPRACTOR	53	86	\$	1,417.02	\$ 16.48	.003	\$ 26.74	\$.05	
VISITS	53	86		1,417.02	16.48	.003	26.74	.05	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	17	25	\$	996.99	\$ 39.88	.001	\$ 58.65	\$.03	
MEDICINE/INJECTIONS	16	22		860.75	39.13	.001	53.80	.03	
SURGERY/ANES.	1	2		116.90	58.45	.000	116.90	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	1	1		19.34	19.34	.000	19.34	.00	
@HOME HEALTH AGENCY	4	9	\$	539.55	\$ 59.95	.000	\$ 134.89	\$.02	
NURSE ANESTHESIST	13	64	\$	1,557.76	\$ 24.34	.002	\$ 119.83	\$.05	
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	2,286	7,758	\$	1,637,828.45	\$ 211.11	.257	\$ 716.46	\$ 54.18	
HOSP INPATIENT TOTAL	171	1,102		1,455,377.46	1320.67	.036	8510.98	48.14	
HSC HOSPITALS	135	929		1,272,782.32	1370.06	.031	9428.02	42.10	
NON-HSC HOSPITAL TOTAL	38	173		182,595.14	1055.46	.006	4805.14	6.04	
ACCOMMODATIONS	38	173		60,907.68	352.07	.006	1602.83	2.01	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	

ALL OTHER ACCOM	38	173	60,907.68	352.07	.006	1602.83	2.01
ANCILLARIES	38	0	121,687.46	.00	.000	3202.30	4.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,155	6,656	182,450.99	27.41	.220	84.66	6.04
MEDICAL	444	574	19,196.79	33.44	.019	43.24	.64
SURGERY	128	145	11,067.94	76.33	.005	86.47	.37
PATHOLOGY	736	2,361	25,528.57	10.81	.078	34.69	.84
RADIOLOGY	486	642	37,420.45	58.29	.021	77.00	1.24
ROOM USE	1,316	1,657	66,461.75	40.11	.055	50.50	2.20
CROSSOVERS/ALL OTH OUTPTNT	610	1,277	22,775.49	17.84	.042	37.34	.75
@COUNTY HOSPITAL TOTAL	1,029	3,219	\$ 683,981.64	\$ 212.48	.106	\$ 664.71	\$ 22.63
CO HOSPITAL INPATIENT TOTAL	71	451	597,828.19	1325.56	.015	8420.12	19.78
HSC HOSPITALS	71	451	597,828.19	1325.56	.015	8420.12	19.78
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	976	2,768	86,153.45	31.12	.092	88.27	2.85
MEDICAL	209	258	8,193.62	31.76	.009	39.20	.27
SURGERY	48	60	7,756.17	129.27	.002	161.59	.26
PATHOLOGY	253	840	8,223.12	9.79	.028	32.50	.27
RADIOLOGY	164	219	16,539.17	75.52	.007	100.85	.55
ROOM USE	611	815	32,377.21	39.73	.027	52.99	1.07
CROSSOVERS/ALL OTH OUTPTNT	244	576	13,064.16	22.68	.019	53.54	.43

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,655
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

30,231 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,308	4,539	\$ 953,846.81	\$ 210.14	.150	\$ 729.24	\$ 31.55
COMM HOSP INPATIENT TOTAL	101	651	857,549.27	1317.28	.022	8490.59	28.37
HSC HOSPITALS	65	478	674,954.13	1412.04	.016	10383.91	22.33
NON-HSC HOSPITALS TOTAL	38	173	182,595.14	1055.46	.006	4805.14	6.04
ACCOMMODATIONS	38	173	60,907.68	352.07	.006	1602.83	2.01
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	38	173	60,907.68	352.07	.006	1602.83	2.01
ANCILLARIES	38	0	121,687.46	.00	.000	3202.30	4.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,225	3,888	96,297.54	24.77	.129	78.61	3.19
MEDICAL	237	316	11,003.17	34.82	.010	46.43	.36
SURGERY	81	85	3,311.77	38.96	.003	40.89	.11
PATHOLOGY	490	1,521	17,305.45	11.38	.050	35.32	.57
RADIOLOGY	328	423	20,881.28	49.36	.014	63.66	.69
ROOM USE	728	842	34,084.54	40.48	.028	46.82	1.13
CROSSOVERS/ALL OTH OUTPTNT	374	701	9,711.33	13.85	.023	25.97	.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	46	\$ 1,423.80	\$ 30.95	.002	\$ 284.76	\$.05
HOSPITAL BASED	3	36	1,208.74	33.58	.001	402.91	.04
INDEPENDENT FACILITY	2	10	215.06	21.51	.000	107.53	.01
@LABORATORY FACILITY	915	2,474	\$ 29,739.78	\$ 12.02	.082	\$ 32.50	\$.98
PATHOLOGY	915	2,474	29,739.78	12.02	.082	32.50	.98
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	3,506	5,360	\$	459,826.53	\$	85.79	.177	\$	131.15	\$	15.21
CLINIC	332	686		18,321.50		26.71	.023		55.19		.61
SURGICENTER	2	13		446.09		34.31	.000		223.05		.01
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,179	4,661		441,058.94		94.63	.154		138.74		14.59

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,656
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	30,231 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,097	66,817	\$	161,789.36	\$ 2.42	2.210	\$ 147.48	\$ 5.35
DURABLE MED. EQUIP.	42	97		13,027.00	134.30	.003	310.17	.43
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		513.77	513.77	.000	513.77	.02
MEDICAL TRANSPORTATION	149	1,983		54,807.98	27.64	.066	367.84	1.81
AMBULANCES/AIR TRANS	147	1,972		35,532.98	18.02	.065	241.72	1.18
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	11	11		19,275.00	1752.27	.000	1752.27	.64
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	28		1,930.25	68.94	.001	482.56	.06
GENETIC DISEASE TESTING	76	76		7,873.00	103.59	.003	103.59	.26
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	380	836		7,792.94	9.32	.028	20.51	.26
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	15	29		3,246.46	111.95	.001	216.43	.11
PROSTHETICS	14	28		3,190.61	113.95	.001	227.90	.11
ORTHOTICS	1	1		55.85	55.85	.000	55.85	.00
PSYCHOLOGIST	10	34		1,328.74	39.08	.001	132.87	.04
SPEECH AND AUDIOLOGY	20	92		3,086.58	33.55	.003	154.33	.10
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	372	4,342		32,092.11	7.39	.144	86.27	1.06
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	65	59,299		36,090.53	.61	1.962	555.24	1.19
@CALIF. CHILDREN SERVICES*	371	9,685	\$	1,259,130.65	\$ 130.01	.320	\$ 3393.88	\$ 41.65
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,657
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	AID CODE 83

	173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	393	2,684	\$	258,726.55	\$ 96.40	15.514	\$ 658.34	\$ 1495.53
@PHYSICIANS SERVICES	155	582	\$	24,696.07	\$ 42.43	3.364	\$ 159.33	\$ 142.75
OUTPATIENT VISITS	72	84		4,462.63	53.13	.486	61.98	25.80
OFFICE VISITS	18	25		684.17	27.37	.145	38.01	3.95
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	53	58		3,759.26	64.81	.335	70.93	21.73
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		19.20	19.20	.006	19.20	.11
INPATIENT VISITS	29	53		2,512.18	47.40	.306	86.63	14.52

HOSPITAL VISITS	29	52		2,342.30		45.04	.301	80.77	13.54
CRITICAL CARE	1	1		169.88		169.88	.006	169.88	.98
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	23	105		11,316.86		107.78	.607	492.04	65.42
PRINCIPAL SURGEON	15	19		9,233.08		485.95	.110	615.54	53.37
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	11	86		2,083.78		24.23	.497	189.43	12.04
OUTPATIENT SURGERY	10	34		1,379.37		40.57	.197	137.94	7.97
PRINCIPAL SURGEON	7	7		940.36		134.34	.040	134.34	5.44
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	3	27		439.01		16.26	.156	146.34	2.54
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	19	29		454.90		15.69	.168	23.94	2.63
RADIOLOGY	30	102		3,459.41		33.92	.590	115.31	20.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	143		23.78		.17	.827	11.89	.14
OTHER SERVICES/ALL X-OVERS	21	32		1,086.94		33.97	.185	51.76	6.28
@PHARMACY	45	244	\$	22,685.52	\$	92.97	1.410	504.12	131.13
PRESCRIPTION DRUGS	42	134		21,518.69		160.59	.775	512.35	124.39
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	42	134		21,518.69		160.59	.775	512.35	124.39
MEDICAL SUPPLIES	6	110		1,166.83		10.61	.636	194.47	6.74
@DENTIST	70	487	\$	5,893.00	\$	12.10	2.815	84.19	34.06
VISITS - DIAGNOSTIC	59	325		933.00		2.87	1.879	15.81	5.39
ORAL SURGERY	17	30		1,270.00		42.33	.173	74.71	7.34
DRUGS	1	1		25.00		25.00	.006	25.00	.14
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	6	13		506.00		38.92	.075	84.33	2.92
RESTORATIVE DENTISTRY	25	102		2,599.00		25.48	.590	103.96	15.02
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	3	6		560.00		93.33	.035	186.67	3.24
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	2	3		.00		.00	.017	.00	.00
ALL OTHER SERVICES	4	7		.00		.00	.040	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,658
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MIC - SOC								
				AID CODE 83					
				----- MONTHLY AVERAGE -----					
173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	4	7	\$	232.65	\$ 33.24	.040	\$ 58.16	\$ 1.34	
DIAGNOSTIC AND ANC. PROCED	4	4		189.80	47.45	.023	47.45	1.10	
EYE APPLIANCES	1	3		42.85	14.28	.017	42.85	.25	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	1	1	\$	16.72	\$ 16.72	.006	\$ 16.72	\$.10	
VISITS	1	1		16.72	16.72	.006	16.72	.10	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	0	0		.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	4	10	\$	703.87	\$ 70.39	.058	\$ 175.97	\$ 4.07	
NURSE ANESTHESIST	2	7	\$	168.08	\$ 24.01	.040	\$ 84.04	\$.97	

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	154	840	\$	197,599.96	\$	235.24	4.855	\$	1283.12	\$	1142.20
HOSP INPATIENT TOTAL	34	136		180,484.72		1327.09	.786		5308.37		1043.26
HSC HOSPITALS	25	109		147,442.50		1352.68	.630		5897.70		852.27
NON-HSC HOSPITAL TOTAL	9	27		33,042.22		1223.79	.156		3671.36		191.00
ACCOMMODATIONS	9	27		5,762.08		213.41	.156		640.23		33.31
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	27		5,762.08		213.41	.156		640.23		33.31
ANCILLARIES	9	0		27,280.14		.00	.000		3031.13		157.69
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	123	704		17,115.24		24.31	4.069		139.15		98.93
MEDICAL	31	36		1,011.65		28.10	.208		32.63		5.85
SURGERY	17	18		1,292.91		71.83	.104		76.05		7.47
PATHOLOGY	57	271		2,394.18		8.83	1.566		42.00		13.84
RADIOLOGY	47	79		3,787.80		47.95	.457		80.59		21.89
ROOM USE	84	130		4,124.03		31.72	.751		49.10		23.84
CROSSOVERS/ALL OTH OUTPTNT	49	170		4,504.67		26.50	.983		91.93		26.04
@COUNTY HOSPITAL TOTAL	85	361	\$	55,395.94	\$	153.45	2.087	\$	651.72	\$	320.21
CO HOSPITAL INPATIENT TOTAL	20	52		47,522.50		913.89	.301		2376.13		274.70
HSC HOSPITALS	20	52		47,522.50		913.89	.301		2376.13		274.70
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	66	309		7,873.44		25.48	1.786		119.29		45.51
MEDICAL	14	16		348.74		21.80	.092		24.91		2.02
SURGERY	7	7		1,039.48		148.50	.040		148.50		6.01
PATHOLOGY	25	120		1,024.81		8.54	.694		40.99		5.92
RADIOLOGY	22	42		1,937.69		46.14	.243		88.08		11.20
ROOM USE	42	71		2,382.33		33.55	.410		56.72		13.77
CROSSOVERS/ALL OTH OUTPTNT	20	53		1,140.39		21.52	.306		57.02		6.59

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,659
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73	479	\$ 142,204.02	\$ 296.88	2.769	\$ 1948.00	\$ 821.99
COMM HOSP INPATIENT TOTAL	14	84	132,962.22	1582.88	.486	9497.30	768.57
HSC HOSPITALS	5	57	99,920.00	1752.98	.329	19984.00	577.57
NON-HSC HOSPITALS TOTAL	9	27	33,042.22	1223.79	.156	3671.36	191.00
ACCOMMODATIONS	9	27	5,762.08	213.41	.156	640.23	33.31
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	27	5,762.08	213.41	.156	640.23	33.31
ANCILLARIES	9	0	27,280.14	.00	.000	3031.13	157.69
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	60	395	9,241.80	23.40	2.283	154.03	53.42
MEDICAL	17	20	662.91	33.15	.116	38.99	3.83
SURGERY	10	11	253.43	23.04	.064	25.34	1.46
PATHOLOGY	33	151	1,369.37	9.07	.873	41.50	7.92

RADIOLOGY	27	37		1,850.11		50.00	.214	68.52	10.69
ROOM USE	44	59		1,741.70		29.52	.341	39.58	10.07
CROSSOVERS/ALL OTH OUTPTNT	29	117		3,364.28		28.75	.676	116.01	19.45
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	7	49	\$	698.41	\$	14.25	.283	\$	99.77	\$
PATHOLOGY	7	49		698.41		14.25	.283		99.77	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	16	17	\$	1,583.40	\$	93.14	.098	\$	98.96	\$
CLINIC	6	6		244.74		40.79	.035		40.79	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	10	11		1,338.66		121.70	.064		133.87	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									PAGE 4,660
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MIC - SOC									AID CODE 83

173 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	45	440	\$ 4,448.87	\$ 10.11	2.543	\$ 98.86	\$ 25.72
DURABLE MED. EQUIP.	1	1	20.18	20.18	.006	20.18	.12
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	32	395	3,747.46	9.49	2.283	117.11	21.66
AMBULANCES/AIR TRANS	32	395	3,747.46	9.49	2.283	117.11	21.66
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	7	76.13	10.88	.040	25.38	.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	237.44	237.44	.006	237.44	1.37
PROSTHETICS	1	1	237.44	237.44	.006	237.44	1.37
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	36	367.66	10.21	.208	45.96	2.13
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	26	559	\$ 146,015.41	\$ 261.21	3.231	\$ 5615.98	\$ 844.02
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									PAGE 4,661
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL									

30,404 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	15,552	125,882	\$	3,839,083.76	\$	30.50	4.140	\$	246.85	\$	126.27
@PHYSICIANS SERVICES	3,482	8,558	\$	401,945.10	\$	46.97	.281	\$	115.44	\$	13.22
OUTPATIENT VISITS	2,532	3,621		134,729.37		37.21	.119		53.21		4.43
OFFICE VISITS	1,724	2,138		72,464.25		33.89	.070		42.03		2.38
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	676	739		37,536.31		50.79	.024		55.53		1.23
PREVENTIVE CARE	17	19		689.29		36.28	.001		40.55		.02
OB VISITS/COMPRE PERI	141	658		21,672.24		32.94	.022		153.70		.71
OTHER OUTPATIENT	64	67		2,367.28		35.33	.002		36.99		.08
INPATIENT VISITS	235	1,153		107,957.86		93.63	.038		459.40		3.55
HOSPITAL VISITS	196	528		25,680.41		48.64	.017		131.02		.84
CRITICAL CARE	51	625		82,277.45		131.64	.021		1613.28		2.71
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	27	32		1,432.16		44.76	.001		53.04		.05
EXAMINATIONS	27	32		1,432.16		44.76	.001		53.04		.05
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	134	585		63,484.64		108.52	.019		473.77		2.09
PRINCIPAL SURGEON	91	153		50,269.05		328.56	.005		552.41		1.65
ASSISTANT SURGEON	5	7		1,442.62		206.09	.000		288.52		.05
ANESTHESIOLOGIST	49	425		11,772.97		27.70	.014		240.26		.39
OUTPATIENT SURGERY	166	402		23,893.63		59.44	.013		143.94		.79
PRINCIPAL SURGEON	131	153		18,273.23		119.43	.005		139.49		.60
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	52	249		5,620.40		22.57	.008		108.08		.18
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	374	828		8,610.81		10.40	.027		23.02		.28
RADIOLOGY	613	1,055		36,588.59		34.68	.035		59.69		1.20
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	64	240		2,435.37		10.15	.008		38.05		.08
OTHER SERVICES/ALL X-OVERS	312	642		22,812.67		35.53	.021		73.12		.75
@PHARMACY	5,797	17,914	\$	540,000.88	\$	30.14	.589	\$	93.15	\$	17.76
PRESCRIPTION DRUGS	5,751	12,407		523,456.80		42.19	.408		91.02		17.22
SNF/ICF	18	84		9,544.59		113.63	.003		530.26		.31
OUTPATIENTS	5,737	12,323		513,912.21		41.70	.405		89.58		16.90
MEDICAL SUPPLIES	176	5,507		16,544.08		3.00	.181		94.00		.54
@DENTIST	2,161	14,587	\$	375,507.85	\$	25.74	.480	\$	173.77	\$	12.35
VISITS - DIAGNOSTIC	1,648	10,210		119,275.35		11.68	.336		72.38		3.92
ORAL SURGERY	305	640		40,982.70		64.04	.021		134.37		1.35
DRUGS	125	172		3,410.00		19.83	.006		27.28		.11
ANESTHESIA	38	42		3,600.00		85.71	.001		94.74		.12
PERIODONTICS	23	22		2,901.00		131.86	.001		126.13		.10
ENDODONTICS	205	404		44,196.00		109.40	.013		215.59		1.45
RESTORATIVE DENTISTRY	817	2,787		144,044.10		51.68	.092		176.31		4.74
PROSTHETICS	1	1		30.00		30.00	.000		30.00		.00
DENTURES, STAYPLATES	2	11		507.00		46.09	.000		253.50		.02
SPACE MAINTAINERS	37	52		5,680.00		109.23	.002		153.51		.19
MAXILLOFACIAL SERVICES	5	4		200.00		50.00	.000		40.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	123	162		10,356.70		63.93	.005		84.20		.34
ALL OTHER SERVICES	68	80		325.00		4.06	.003		4.78		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 4,662
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL										
30,404 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	----- MONTHLY AVERAGE -----					
		OR DAYS OF CARE			PER UNIT/DAY	UNITS/DAYS	COST PER			COST PER	
@OPTOMETRIST	347	820	\$	21,291.38	\$	.027	\$	61.36	\$	.70	
DIAGNOSTIC AND ANC. PROCED	288	290		13,315.60		.010		46.23		.44	
EYE APPLIANCES	187	523		7,774.56		.017		41.58		.26	
OTHER OPTOMETRIC SERVICES	7	7		201.22		.000		28.75		.01	

@CHIROPRACTOR	54	87	\$	1,433.74	\$	16.48	.003	\$	26.55	\$	.05
VISITS	54	87		1,433.74		16.48	.003		26.55		.05
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	17	25	\$	996.99	\$	39.88	.001	\$	58.65	\$	.03
MEDICINE/INJECTIONS	16	22		860.75		39.13	.001		53.80		.03
SURGERY/ANES.	1	2		116.90		58.45	.000		116.90		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		19.34		19.34	.000		19.34		.00
@HOME HEALTH AGENCY	8	19	\$	1,243.42	\$	65.44	.001	\$	155.43	\$	.04
NURSE ANESTHESIST	15	71	\$	1,725.84	\$	24.31	.002	\$	115.06	\$	.06
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2,440	8,598	\$	1,835,428.41	\$	213.47	.283	\$	752.22	\$	60.37
HOSP INPATIENT TOTAL	205	1,238		1,635,862.18		1321.37	.041		7979.82		53.80
HSC HOSPITALS	160	1,038		1,420,224.82		1368.23	.034		8876.41		46.71
NON-HSC HOSPITAL TOTAL	47	200		215,637.36		1078.19	.007		4588.03		7.09
ACCOMMODATIONS	47	200		66,669.76		333.35	.007		1418.51		2.19
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	47	200		66,669.76		333.35	.007		1418.51		2.19
ANCILLARIES	47	0		148,967.60		.00	.000		3169.52		4.90
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,278	7,360		199,566.23		27.11	.242		87.61		6.56
MEDICAL	475	610		20,208.44		33.13	.020		42.54		.66
SURGERY	145	163		12,360.85		75.83	.005		85.25		.41
PATHOLOGY	793	2,632		27,922.75		10.61	.087		35.21		.92
RADIOLOGY	533	721		41,208.25		57.15	.024		77.31		1.36
ROOM USE	1,400	1,787		70,585.78		39.50	.059		50.42		2.32
CROSSOVERS/ALL OTH OUTPTNT	659	1,447		27,280.16		18.85	.048		41.40		.90
@COUNTY HOSPITAL TOTAL	1,114	3,580	\$	739,377.58	\$	206.53	.118	\$	663.71	\$	24.32
CO HOSPITAL INPATIENT TOTAL	91	503		645,350.69		1283.00	.017		7091.77		21.23
HSC HOSPITALS	91	503		645,350.69		1283.00	.017		7091.77		21.23
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1,042	3,077		94,026.89		30.56	.101		90.24		3.09
MEDICAL	223	274		8,542.36		31.18	.009		38.31		.28
SURGERY	55	67		8,795.65		131.28	.002		159.92		.29
PATHOLOGY	278	960		9,247.93		9.63	.032		33.27		.30
RADIOLOGY	186	261		18,476.86		70.79	.009		99.34		.61
ROOM USE	653	886		34,759.54		39.23	.029		53.23		1.14
CROSSOVERS/ALL OTH OUTPTNT	264	629		14,204.55		22.58	.021		53.81		.47

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,663
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	30,404 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,381	5,018	\$	1,096,050.83	\$ 218.42	.165	\$ 793.66	\$ 36.05
COMM HOSP INPATIENT TOTAL	115	735		990,511.49	1347.63	.024	8613.14	32.58
HSC HOSPITALS	70	535		774,874.13	1448.36	.018	11069.63	25.49
NON-HSC HOSPITALS TOTAL	47	200		215,637.36	1078.19	.007	4588.03	7.09
ACCOMMODATIONS	47	200		66,669.76	333.35	.007	1418.51	2.19

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	47	200	66,669.76	333.35	.007	1418.51	2.19
ANCILLARIES	47	0	148,967.60	.00	.000	3169.52	4.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,285	4,283	105,539.34	24.64	.141	82.13	3.47
MEDICAL	254	336	11,666.08	34.72	.011	45.93	.38
SURGERY	91	96	3,565.20	37.14	.003	39.18	.12
PATHOLOGY	523	1,672	18,674.82	11.17	.055	35.71	.61
RADIOLOGY	355	460	22,731.39	49.42	.015	64.03	.75
ROOM USE	772	901	35,826.24	39.76	.030	46.41	1.18
CROSSOVERS/ALL OTH OUTPTNT	403	818	13,075.61	15.98	.027	32.45	.43
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	46	1,423.80	30.95	.002	284.76	.05
HOSPITAL BASED	3	36	1,208.74	33.58	.001	402.91	.04
INDEPENDENT FACILITY	2	10	215.06	21.51	.000	107.53	.01
@LABORATORY FACILITY	922	2,523	30,438.19	12.06	.083	33.01	1.00
PATHOLOGY	922	2,523	30,438.19	12.06	.083	33.01	1.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,522	5,377	461,409.93	85.81	.177	131.01	15.18
CLINIC	338	692	18,566.24	26.83	.023	54.93	.61
SURGICENTER	2	13	446.09	34.31	.000	223.05	.01
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,189	4,672	442,397.60	94.69	.154	138.73	14.55

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	30,404 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,142	67,257	\$	166,238.23	\$ 2.47	2.212	\$ 145.57	\$ 5.47
DURABLE MED. EQUIP.	43	98		13,047.18	133.13	.003	303.42	.43
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		513.77	513.77	.000	513.77	.02
MEDICAL TRANSPORTATION	181	2,378		58,555.44	24.62	.078	323.51	1.93
AMBULANCES/AIR TRANS	179	2,367		39,280.44	16.60	.078	219.44	1.29
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	11	11		19,275.00	1752.27	.000	1752.27	.63
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	28		1,930.25	68.94	.001	482.56	.06
GENETIC DISEASE TESTING	76	76		7,873.00	103.59	.002	103.59	.26
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00

OPTICIAN	383	843	7,869.07	9.33	.028	20.55	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	16	30	3,483.90	116.13	.001	217.74	.11
PROSTHETICS	15	29	3,428.05	118.21	.001	228.54	.11
ORTHOTICS	1	1	55.85	55.85	.000	55.85	.00
PSYCHOLOGIST	10	34	1,328.74	39.08	.001	132.87	.04
SPEECH AND AUDIOLOGY	20	92	3,086.58	33.55	.003	154.33	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	380	4,378	32,459.77	7.41	.144	85.42	1.07
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	65	59,299	36,090.53	.61	1.950	555.24	1.19
@CALIF. CHILDREN SERVICES*	397	10,244	\$ 1,405,146.06	\$ 137.17	.337	\$ 3539.41	\$ 46.22

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,665
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5	15	\$ 1,152.65	\$ 76.84	15.000	\$ 230.53	\$ 1152.65
@PHYSICIANS SERVICES	3	7	\$ 147.40	\$ 21.06	7.000	\$ 49.13	\$ 147.40
OUTPATIENT VISITS	2	3	85.50	28.50	3.000	42.75	85.50
OFFICE VISITS	2	3	85.50	28.50	3.000	42.75	85.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	23.38	23.38	1.000	23.38	23.38
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	38.52	12.84	3.000	12.84	38.52
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	3	8	\$ 1,005.25	\$ 125.66	8.000	\$ 335.08	\$ 1005.25
PRESCRIPTION DRUGS	3	8	1,005.25	125.66	8.000	335.08	1005.25
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	8	1,005.25	125.66	8.000	335.08	1005.25
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

MOP024
KERN COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

01/29/04

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,668
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81						

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,669
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

1,092 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,097	6,412	\$ 621,964.74	\$ 97.00	5.872	\$ 566.97	\$ 569.56
@PHYSICIANS SERVICES	455	1,776	\$ 107,514.74	\$ 60.54	1.626	\$ 236.30	\$ 98.46
OUTPATIENT VISITS	244	892	29,753.23	33.36	.817	121.94	27.25
OFFICE VISITS	52	60	2,578.11	42.97	.055	49.58	2.36
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	36	40	2,204.99	55.12	.037	61.25	2.02
PREVENTIVE CARE	2	3	104.07	34.69	.003	52.04	.10
OB VISITS/COMPRE PERI	182	788	24,851.58	31.54	.722	136.55	22.76
OTHER OUTPATIENT	1	1	14.48	14.48	.001	14.48	.01
INPATIENT VISITS	77	194	12,910.97	66.55	.178	167.67	11.82
HOSPITAL VISITS	68	119	5,677.01	47.71	.109	83.49	5.20
CRITICAL CARE	9	75	7,233.96	96.45	.069	803.77	6.62
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	98	295	51,007.00	172.91	.270	520.48	46.71
PRINCIPAL SURGEON	71	74	43,715.08	590.74	.068	615.71	40.03
ASSISTANT SURGEON	8	8	1,492.00	186.50	.007	186.50	1.37
ANESTHESIOLOGIST	31	213	5,799.92	27.23	.195	187.09	5.31
OUTPATIENT SURGERY	16	29	1,471.36	50.74	.027	91.96	1.35
PRINCIPAL SURGEON	14	23	1,281.81	55.73	.021	91.56	1.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	6	189.55	31.59	.005	63.18	.17

DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	69	198		2,850.81		14.40	.181	41.32	2.61
RADIOLOGY	108	133		7,954.45		59.81	.122	73.65	7.28
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	9		506.53		56.28	.008	72.36	.46
OTHER SERVICES/ALL X-OVERS	18	26		1,060.39		40.78	.024	58.91	.97
@PHARMACY	291	617	\$	16,507.48	\$	26.75	.565	\$ 56.73	\$ 15.12
PRESCRIPTION DRUGS	282	548		13,970.09		25.49	.502	49.54	12.79
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	282	548		13,970.09		25.49	.502	49.54	12.79
MEDICAL SUPPLIES	21	69		2,537.39		36.77	.063	120.83	2.32
@DENTIST	42	216	\$	6,694.50	\$	30.99	.198	\$ 159.39	\$ 6.13
VISITS - DIAGNOSTIC	29	133		1,620.00		12.18	.122	55.86	1.48
ORAL SURGERY	10	22		1,250.50		56.84	.020	125.05	1.15
DRUGS	2	4		60.00		15.00	.004	30.00	.05
ANESTHESIA	2	2		200.00		100.00	.002	100.00	.18

PERIODONTICS	1	2	255.00	127.50	.002	255.00	.23
ENDODONTICS	3	7	990.00	141.43	.006	330.00	.91
RESTORATIVE DENTISTRY	14	42	2,319.00	55.21	.038	165.64	2.12
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.004	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,670
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

1,092 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	12	30	\$ 726.88	\$ 24.23	.027 \$ 60.57 \$.67
DIAGNOSTIC AND ANC. PROCED	9	9	427.05	47.45	.008 47.45 .39
EYE APPLIANCES	8	21	299.83	14.28	.019 37.48 .27
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	3	3	\$ 50.16	\$ 16.72	.003 \$ 16.72 \$.05
VISITS	3	3	50.16	16.72	.003 16.72 .05
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	4	6	\$ 359.70	\$ 59.95	.005 \$ 89.93 \$.33
NURSE ANESTHESIST	3	16	\$ 372.80	\$ 23.30	.015 \$ 124.27 \$.34
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00 \$.00
@TOTAL HOSPITAL	435	2,213	\$ 409,148.22	\$ 184.88	2.027 \$ 940.57 \$ 374.68
HOSP INPATIENT TOTAL	107	287	351,650.91	1225.26	.263 3286.46 322.02
HSC HOSPITALS	96	244	318,921.01	1307.05	.223 3322.09 292.05
NON-HSC HOSPITAL TOTAL	11	43	32,729.90	761.16	.039 2975.45 29.97
ACCOMMODATIONS	11	43	13,975.07	325.00	.039 1270.46 12.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	11	43	13,975.07	325.00	.039 1270.46 12.80
ANCILLARIES	11	0	18,754.83	.00	.000 1704.98 17.17
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
HOSP OUTPATIENT TOTAL	394	1,926	57,497.31	29.85	1.764 145.93 52.65
MEDICAL	24	30	825.65	27.52	.027 34.40 .76
SURGERY	36	73	3,004.77	41.16	.067 83.47 2.75
PATHOLOGY	167	710	7,191.07	10.13	.650 43.06 6.59
RADIOLOGY	30	32	2,583.21	80.73	.029 86.11 2.37
ROOM USE	227	427	24,172.37	56.61	.391 106.49 22.14
CROSSOVERS/ALL OTH OUTPTNT	226	654	19,720.24	30.15	.599 87.26 18.06
@COUNTY HOSPITAL TOTAL	318	1,783	\$ 285,826.12	\$ 160.31	1.633 \$ 898.82 \$ 261.75
CO HOSPITAL INPATIENT TOTAL	69	179	236,250.67	1319.84	.164 3423.92 216.35
HSC HOSPITALS	69	179	236,250.67	1319.84	.164 3423.92 216.35
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	294	1,604	49,575.45	30.91	1.469	168.62	45.40
MEDICAL	14	19	509.80	26.83	.017	36.41	.47
SURGERY	33	70	2,944.19	42.06	.064	89.22	2.70
PATHOLOGY	117	546	5,151.82	9.44	.500	44.03	4.72
RADIOLOGY	11	12	1,285.78	107.15	.011	116.89	1.18
ROOM USE	184	370	21,843.91	59.04	.339	118.72	20.00
CROSSOVERS/ALL OTH OUTPTNT	178	587	17,839.95	30.39	.538	100.22	16.34

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,671
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

1,092 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	123	430	\$ 123,322.10	\$ 286.80	.394	\$ 1002.62	\$ 112.93
COMM HOSP INPATIENT TOTAL	38	108	115,400.24	1068.52	.099	3036.85	105.68
HSC HOSPITALS	27	65	82,670.34	1271.85	.060	3061.86	75.71
NON-HSC HOSPITALS TOTAL	11	43	32,729.90	761.16	.039	2975.45	29.97
ACCOMMODATIONS	11	43	13,975.07	325.00	.039	1270.46	12.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	43	13,975.07	325.00	.039	1270.46	12.80
ANCILLARIES	11	0	18,754.83	.00	.000	1704.98	17.17
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	106	322	7,921.86	24.60	.295	74.73	7.25
MEDICAL	10	11	315.85	28.71	.010	31.59	.29
SURGERY	3	3	60.58	20.19	.003	20.19	.06
PATHOLOGY	51	164	2,039.25	12.43	.150	39.99	1.87
RADIOLOGY	19	20	1,297.43	64.87	.018	68.29	1.19
ROOM USE	43	57	2,328.46	40.85	.052	54.15	2.13
CROSSOVERS/ALL OTH OUTPTNT	49	67	1,880.29	28.06	.061	38.37	1.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	157	524	\$ 6,405.56	\$ 12.22	.480	\$ 40.80	\$ 5.87
PATHOLOGY	157	524	6,405.56	12.22	.480	40.80	5.87
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	254	733	\$ 60,011.28	\$ 81.87	.671	\$ 236.26	\$ 54.96
CLINIC	27	121	3,240.83	26.78	.111	120.03	2.97
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
KERN COUNTY

227 612 56,770.45
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT

92.76 .560 250.09 51.99
PAGE 4,672
01/29/04
AID CODE 86

1,092 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	103	278	\$ 14,173.42	\$ 50.98	.255	\$ 137.61	\$ 12.98
DURABLE MED. EQUIP.	1	1	99.59	99.59	.001	99.59	.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	129	4,516.44	35.01	.118	564.56	4.14
AMBULANCES/AIR TRANS	8	128	2,716.44	21.22	.117	339.56	2.49
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	1.65
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	68	68	6,978.00	102.62	.062	102.62	6.39
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	32	327.90	10.25	.029	21.86	.30
PHYSICAL THERAPIST	1	1	88.69	88.69	.001	88.69	.08
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	16	39	2,086.24	53.49	.036	130.39	1.91
PROSTHETICS	8	26	979.70	37.68	.024	122.46	.90
ORTHOTICS	12	13	1,106.54	85.12	.012	92.21	1.01
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	8	76.56	9.57	.007	76.56	.07
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	56	\$ 38,546.22	\$ 688.33	.051	\$ 19273.11	\$ 35.30
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,673
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

1,093 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	1,102	6,427	\$ 623,117.39	\$ 96.95	5.880	\$ 565.44	\$ 570.10
@PHYSICIANS SERVICES	458	1,783	\$ 107,662.14	\$ 60.38	1.631	\$ 235.07	\$ 98.50
OUTPATIENT VISITS	246	895	29,838.73	33.34	.819	121.30	27.30
OFFICE VISITS	54	63	2,663.61	42.28	.058	49.33	2.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	36	40	2,204.99	55.12	.037	61.25	2.02
PREVENTIVE CARE	2	3	104.07	34.69	.003	52.04	.10
OB VISITS/COMPRE PERI	182	788	24,851.58	31.54	.721	136.55	22.74
OTHER OUTPATIENT	1	1	14.48	14.48	.001	14.48	.01
INPATIENT VISITS	77	194	12,910.97	66.55	.177	167.67	11.81
HOSPITAL VISITS	68	119	5,677.01	47.71	.109	83.49	5.19
CRITICAL CARE	9	75	7,233.96	96.45	.069	803.77	6.62
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	98	295	51,007.00	172.91	.270	520.48	46.67
PRINCIPAL SURGEON	71	74	43,715.08	590.74	.068	615.71	40.00
ASSISTANT SURGEON	8	8	1,492.00	186.50	.007	186.50	1.37
ANESTHESIOLOGIST	31	213	5,799.92	27.23	.195	187.09	5.31
OUTPATIENT SURGERY	16	29	1,471.36	50.74	.027	91.96	1.35
PRINCIPAL SURGEON	14	23	1,281.81	55.73	.021	91.56	1.17
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	6	189.55	31.59	.005	63.18	.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	69	198	2,850.81	14.40	.181	41.32	2.61
RADIOLOGY	109	134	7,977.83	59.54	.123	73.19	7.30
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	12	545.05	45.42	.011	54.51	.50
OTHER SERVICES/ALL X-OVERS	18	26	1,060.39	40.78	.024	58.91	.97
@PHARMACY	294	625	\$ 17,512.73	\$ 28.02	.572	\$ 59.57	\$ 16.02
PRESCRIPTION DRUGS	285	556	14,975.34	26.93	.509	52.55	13.70
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	285	556	14,975.34	26.93	.509	52.55	13.70
MEDICAL SUPPLIES	21	69	2,537.39	36.77	.063	120.83	2.32
@DENTIST	42	216	\$ 6,694.50	\$ 30.99	.198	\$ 159.39	\$ 6.12
VISITS - DIAGNOSTIC	29	133	1,620.00	12.18	.122	55.86	1.48
ORAL SURGERY	10	22	1,250.50	56.84	.020	125.05	1.14
DRUGS	2	4	60.00	15.00	.004	30.00	.05
ANESTHESIA	2	2	200.00	100.00	.002	100.00	.18
PERIODONTICS	1	2	255.00	127.50	.002	255.00	.23
ENDODONTICS	3	7	990.00	141.43	.006	330.00	.91
RESTORATIVE DENTISTRY	14	42	2,319.00	55.21	.038	165.64	2.12
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.004	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

1,093 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	12	30	\$ 726.88	\$ 24.23	.027	\$ 60.57	\$.67
DIAGNOSTIC AND ANC. PROCED	9	9	427.05	47.45	.008	47.45	.39
EYE APPLIANCES	8	21	299.83	14.28	.019	37.48	.27
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	3	3	\$ 50.16	\$ 16.72	.003	\$ 16.72	\$.05
VISITS	3	3	50.16	16.72	.003	16.72	.05
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	6	\$ 359.70	\$ 59.95	.005	\$ 89.93	\$.33
NURSE ANESTHESIST	3	16	\$ 372.80	\$ 23.30	.015	\$ 124.27	\$.34
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	435	2,213	\$ 409,148.22	\$ 184.88	2.025	\$ 940.57	\$ 374.34

HOSP INPATIENT TOTAL	107	287	351,650.91	1225.26	.263	3286.46	321.73
HSC HOSPITALS	96	244	318,921.01	1307.05	.223	3322.09	291.79
NON-HSC HOSPITAL TOTAL	11	43	32,729.90	761.16	.039	2975.45	29.95
ACCOMMODATIONS	11	43	13,975.07	325.00	.039	1270.46	12.79
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	43	13,975.07	325.00	.039	1270.46	12.79
ANCILLARIES	11	0	18,754.83	.00	.000	1704.98	17.16
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	394	1,926	57,497.31	29.85	1.762	145.93	52.61
MEDICAL	24	30	825.65	27.52	.027	34.40	.76
SURGERY	36	73	3,004.77	41.16	.067	83.47	2.75
PATHOLOGY	167	710	7,191.07	10.13	.650	43.06	6.58
RADIOLOGY	30	32	2,583.21	80.73	.029	86.11	2.36
ROOM USE	227	427	24,172.37	56.61	.391	106.49	22.12

CROSSOVERS/ALL OTH OUTPTNT	226	654		19,720.24	30.15	.598	87.26	18.04	
@COUNTY HOSPITAL TOTAL	318	1,783	\$	285,826.12	\$ 160.31	1.631	\$ 898.82	\$ 261.51	
CO HOSPITAL INPATIENT TOTAL	69	179		236,250.67	1319.84	.164	3423.92	216.15	
HSC HOSPITALS	69	179		236,250.67	1319.84	.164	3423.92	216.15	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	294	1,604		49,575.45	30.91	1.468	168.62	45.36	
MEDICAL	14	19		509.80	26.83	.017	36.41	.47	
SURGERY	33	70		2,944.19	42.06	.064	89.22	2.69	
PATHOLOGY	117	546		5,151.82	9.44	.500	44.03	4.71	
RADIOLOGY	11	12		1,285.78	107.15	.011	116.89	1.18	
ROOM USE	184	370		21,843.91	59.04	.339	118.72	19.99	
CROSSOVERS/ALL OTH OUTPTNT	178	587		17,839.95	30.39	.537	100.22	16.32	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,675
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL								

1,093 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	123	430	\$ 123,322.10	\$ 286.80	.393	\$ 1002.62	\$ 112.83	
COMM HOSP INPATIENT TOTAL	38	108	115,400.24	1068.52	.099	3036.85	105.58	
HSC HOSPITALS	27	65	82,670.34	1271.85	.059	3061.86	75.64	
NON-HSC HOSPITALS TOTAL	11	43	32,729.90	761.16	.039	2975.45	29.95	
ACCOMMODATIONS	11	43	13,975.07	325.00	.039	1270.46	12.79	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	11	43	13,975.07	325.00	.039	1270.46	12.79	
ANCILLARIES	11	0	18,754.83	.00	.000	1704.98	17.16	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	106	322	7,921.86	24.60	.295	74.73	7.25	
MEDICAL	10	11	315.85	28.71	.010	31.59	.29	
SURGERY	3	3	60.58	20.19	.003	20.19	.06	
PATHOLOGY	51	164	2,039.25	12.43	.150	39.99	1.87	
RADIOLOGY	19	20	1,297.43	64.87	.018	68.29	1.19	
ROOM USE	43	57	2,328.46	40.85	.052	54.15	2.13	
CROSSOVERS/ALL OTH OUTPTNT	49	67	1,880.29	28.06	.061	38.37	1.72	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	157	524	\$	6,405.56	\$	12.22	.479	\$	40.80	\$	5.86
PATHOLOGY	157	524		6,405.56		12.22	.479		40.80		5.86
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	254	733	\$	60,011.28	\$	81.87	.671	\$	236.26	\$	54.91
CLINIC	27	121		3,240.83		26.78	.111		120.03		2.97
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	227	612		56,770.45		92.76	.560		250.09		51.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 4,676
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL										

	1,093 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	103	278	\$	14,173.42	\$ 50.98	.254	\$ 137.61	\$ 12.97
DURABLE MED. EQUIP.	1	1		99.59	99.59	.001	99.59	.09
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	129		4,516.44	35.01	.118	564.56	4.13
AMBULANCES/AIR TRANS	8	128		2,716.44	21.22	.117	339.56	2.49
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.001	1800.00	1.65
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	68	68		6,978.00	102.62	.062	102.62	6.38
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	15	32		327.90	10.25	.029	21.86	.30
PHYSICAL THERAPIST	1	1		88.69	88.69	.001	88.69	.08
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	16	39		2,086.24	53.49	.036	130.39	1.91
PROSTHETICS	8	26		979.70	37.68	.024	122.46	.90
ORTHOTICS	12	13		1,106.54	85.12	.012	92.21	1.01
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	8		76.56	9.57	.007	76.56	.07
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	56	\$	38,546.22	\$ 688.33	.051	\$ 19273.11	\$ 35.27
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 4,677
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC										

	157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	158	5,874	\$	799,644.01	\$ 136.13	37.414	\$ 5061.04	\$ 5093.27
@PHYSICIANS SERVICES	73	250	\$	9,493.21	\$ 37.97	1.592	\$ 130.04	\$ 60.47
OUTPATIENT VISITS	22	28		1,453.53	51.91	.178	66.07	9.26
OFFICE VISITS	10	13		638.70	49.13	.083	63.87	4.07

HOME VISITS	1	1		25.20	25.20	.006	25.20	.16
EMERGENCY ROOM	10	12		751.23	62.60	.076	75.12	4.78
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2		38.40	19.20	.013	19.20	.24
INPATIENT VISITS	47	147		5,207.18	35.42	.936	110.79	33.17
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	47	147		5,207.18	35.42	.936	110.79	33.17
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	10		1,081.67	108.17	.064	270.42	6.89
PRINCIPAL SURGEON	3	3		927.97	309.32	.019	309.32	5.91
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7		153.70	21.96	.045	153.70	.98
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	30		57.75	1.93	.191	19.25	.37
RADIOLOGY	11	11		372.10	33.83	.070	33.83	2.37
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	24		1,320.98	55.04	.153	94.36	8.41
@PHARMACY	92	810	\$	45,634.14	\$ 56.34	5.159	\$ 496.02	\$ 290.66
PRESCRIPTION DRUGS	91	803		45,349.42	56.47	5.115	498.35	288.85
SNF/ICF	76	754		43,468.49	57.65	4.803	571.95	276.87
OUTPATIENTS	15	49		1,880.93	38.39	.312	125.40	11.98
MEDICAL SUPPLIES	5	7		284.72	40.67	.045	56.94	1.81
@DENTIST	10	19	\$	810.00	\$ 42.63	.121	\$ 81.00	\$ 5.16
VISITS - DIAGNOSTIC	10	16		360.00	22.50	.102	36.00	2.29
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	3		450.00	150.00	.019	450.00	2.87
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,678
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	COST PER
					PER ELIG	ELIGIBLE
@OPTOMETRIST	2	2	\$ 116.35	\$ 58.18	.013	\$ 58.18
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.006	47.45
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	1	1	68.90	68.90	.006	68.90
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	24	123	\$	2,854.77	\$	23.21	.783	\$	118.95
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	24	123		2,854.77		23.21	.783		118.95
MEDICAL	10	13		471.35		36.26	.083		47.14
SURGERY	1	1		13.88		13.88	.006		13.88
PATHOLOGY	13	46		507.15		11.03	.293		39.01
RADIOLOGY	11	18		695.48		38.64	.115		63.23
ROOM USE	17	25		881.69		35.27	.159		51.86
CROSSOVERS/ALL OTH OUTPTNT	10	20		285.22		14.26	.127		28.52
@COUNTY HOSPITAL TOTAL	14	71	\$	1,952.16	\$	27.50	.452	\$	139.44
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	14	71		1,952.16		27.50	.452		139.44
MEDICAL	7	9		373.37		41.49	.057		53.34
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	6	24		234.83		9.78	.153		39.14
RADIOLOGY	7	13		531.63		40.89	.083		75.95
ROOM USE	12	20		708.82		35.44	.127		59.07
CROSSOVERS/ALL OTH OUTPTNT	4	5		103.51		20.70	.032		25.88

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,679
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	52	\$ 902.61	\$ 17.36	.331	\$ 82.06	\$ 5.75
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	11	52		902.61	17.36	.331	82.06	5.75
MEDICAL	3	4		97.98	24.50	.025	32.66	.62
SURGERY	1	1		13.88	13.88	.006	13.88	.09
PATHOLOGY	7	22		272.32	12.38	.140	38.90	1.73
RADIOLOGY	5	5		163.85	32.77	.032	32.77	1.04
ROOM USE	5	5		172.87	34.57	.032	34.57	1.10
CROSSOVERS/ALL OTH OUTPTNT	6	15		181.71	12.11	.096	30.29	1.16
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	74	3,265	\$	732,287.75	\$ 224.28	20.796	\$ 9895.78	\$ 4664.25
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	16	814		430,042.87	528.31	5.185	26877.68	2739.13
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	58	2,451		302,244.88	123.31	15.611	5211.12	1925.13
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	20	88	\$	905.23	\$ 10.29	.561	\$ 45.26	\$ 5.77
PATHOLOGY	20	88		905.23	10.29	.561	45.26	5.77
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	13	\$	1,686.44	\$ 129.73	.083	\$ 421.61	\$ 10.74
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	13		1,686.44	129.73	.083	421.61	10.74

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,680
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28	1,304	\$ 5,856.12	\$ 4.49	8.306	\$ 209.15	\$ 37.30
DURABLE MED. EQUIP.	5	22	1,481.28	67.33	.140	296.26	9.43
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	19	369	3,445.53	9.34	2.350	181.34	21.95
AMBULANCES/AIR TRANS	17	351	3,339.86	9.52	2.236	196.46	21.27
OTHER TRANS	3	18	105.67	5.87	.115	35.22	.67
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	9	112.47	12.50	.057	37.49	.72
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	4	135.30	33.83	.025	135.30	.86
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	900	681.54	.76	5.732	136.31	4.34
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	26	90	\$ 11,070.83	\$ 123.01	10.000		\$ 425.80	\$ 1230.09
@PHYSICIANS SERVICES	13	31	\$ 3,039.15	\$ 98.04	3.444		\$ 233.78	\$ 337.68
OUTPATIENT VISITS	4	5	433.08	86.62	.556		108.27	48.12
OFFICE VISITS	1	1	59.50	59.50	.111		59.50	6.61
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	3	4	373.58	93.40	.444		124.53	41.51
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	2	3	140.89	46.96	.333		70.45	15.65
HOSPITAL VISITS	2	3	140.89	46.96	.333		70.45	15.65
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	6	17	2,125.40	125.02	1.889		354.23	236.16
PRINCIPAL SURGEON	5	5	1,757.95	351.59	.556		351.59	195.33
ASSISTANT SURGEON	1	1	186.50	186.50	.111		186.50	20.72
ANESTHESIOLOGIST	1	11	180.95	16.45	1.222		180.95	20.11
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	3	4	184.50	46.13	.444		61.50	20.50
RADIOLOGY	1	2	155.28	77.64	.222		155.28	17.25
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	3	3	\$ 22.68	\$ 7.56	.333		\$ 7.56	\$ 2.52
PRESCRIPTION DRUGS	3	3	22.68	7.56	.333		7.56	2.52
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	3	3	22.68	7.56	.333		7.56	2.52
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	51	\$ 7,786.61	\$ 152.68	5.667	\$ 778.66	\$ 865.18
HOSP INPATIENT TOTAL	5	9	6,802.04	755.78	1.000	1360.41	755.78
HSC HOSPITALS	4	8	6,802.04	850.26	.889	1700.51	755.78
NON-HSC HOSPITAL TOTAL	1	1	.00	.00	.111	.00	.00
ACCOMMODATIONS	1	1	.00	.00	.111	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	.00	.00	.111	.00	.00
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	42	984.57	23.44	4.667	123.07	109.40
MEDICAL	1	1	25.85	25.85	.111	25.85	2.87
SURGERY	2	2	120.12	60.06	.222	60.06	13.35
PATHOLOGY	4	22	217.48	9.89	2.444	54.37	24.16
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	5	9	418.83	46.54	1.000	83.77	46.54
CROSSOVERS/ALL OTH OUTPTNT	4	8	202.29	25.29	.889	50.57	22.48
@COUNTY HOSPITAL TOTAL	7	30	\$ 7,402.48	\$ 246.75	3.333	\$ 1057.50	\$ 822.50
CO HOSPITAL INPATIENT TOTAL	3	6	6,750.02	1125.00	.667	2250.01	750.00
HSC HOSPITALS	3	6	6,750.02	1125.00	.667	2250.01	750.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	24	652.46	27.19	2.667	108.74	72.50
MEDICAL	1	1	25.85	25.85	.111	25.85	2.87
SURGERY	1	1	68.38	68.38	.111	68.38	7.60
PATHOLOGY	3	13	156.91	12.07	1.444	52.30	17.43
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	7	284.20	40.60	.778	71.05	31.58
CROSSOVERS/ALL OTH OUTPTNT	2	2	117.12	58.56	.222	58.56	13.01

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	21	\$	384.13	\$ 18.29	2.333	\$ 128.04	\$ 42.68
COMM HOSP INPATIENT TOTAL	2	3		52.02	17.34	.333	26.01	5.78
HSC HOSPITALS	1	2		52.02	26.01	.222	52.02	5.78
NON-HSC HOSPITALS TOTAL	1	1		.00	.00	.111	.00	.00
ACCOMMODATIONS	1	1		.00	.00	.111	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		.00	.00	.111	.00	.00
ANCILLARIES	1	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	18		332.11	18.45	2.000	166.06	36.90
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		51.74	51.74	.111	51.74	5.75
PATHOLOGY	1	9		60.57	6.73	1.000	60.57	6.73
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	2		134.63	67.32	.222	134.63	14.96
CROSSOVERS/ALL OTH OUTPTNT	2	6		85.17	14.20	.667	42.59	9.46
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	3	\$	42.21	\$ 14.07	.333	\$ 14.07	\$ 4.69
PATHOLOGY	3	3		42.21	14.07	.333	14.07	4.69
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	180.18	\$ 90.09	.222	\$ 90.09	\$ 20.02
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		180.18	90.09	.222	90.09	20.02

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

PAGE 4,684 01/29/04

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,685
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	184	5,964	\$ 810,714.84	\$ 135.93	35.928	\$ 4406.06	\$ 4883.82
@PHYSICIANS SERVICES	86	281	\$ 12,532.36	\$ 44.60	1.693	\$ 145.73	\$ 75.50
OUTPATIENT VISITS	26	33	1,886.61	57.17	.199	72.56	11.37
OFFICE VISITS	11	14	698.20	49.87	.084	63.47	4.21
HOME VISITS	1	1	25.20	25.20	.006	25.20	.15
EMERGENCY ROOM	10	12	751.23	62.60	.072	75.12	4.53
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	4	373.58	93.40	.024	124.53	2.25
OTHER OUTPATIENT	2	2	38.40	19.20	.012	19.20	.23
INPATIENT VISITS	49	150	5,348.07	35.65	.904	109.14	32.22
HOSPITAL VISITS	2	3	140.89	46.96	.018	70.45	.85
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	47	147	5,207.18	35.42	.886	110.79	31.37
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	17	2,125.40	125.02	.102	354.23	12.80
PRINCIPAL SURGEON	5	5	1,757.95	351.59	.030	351.59	10.59
ASSISTANT SURGEON	1	1	186.50	186.50	.006	186.50	1.12
ANESTHESIOLOGIST	1	11	180.95	16.45	.066	180.95	1.09
OUTPATIENT SURGERY	4	10	1,081.67	108.17	.060	270.42	6.52
PRINCIPAL SURGEON	3	3	927.97	309.32	.018	309.32	5.59
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	153.70	21.96	.042	153.70	.93
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	34	242.25	7.13	.205	40.38	1.46
RADIOLOGY	12	13	527.38	40.57	.078	43.95	3.18
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	24	1,320.98	55.04	.145	94.36	7.96
@PHARMACY	95	813	\$ 45,656.82	\$ 56.16	4.898	\$ 480.60	\$ 275.04
PRESCRIPTION DRUGS	94	806	45,372.10	56.29	4.855	482.68	273.33
SNF/ICF	76	754	43,468.49	57.65	4.542	571.95	261.86
OUTPATIENTS	18	52	1,903.61	36.61	.313	105.76	11.47
MEDICAL SUPPLIES	5	7	284.72	40.67	.042	56.94	1.72
@DENTIST	10	19	\$ 810.00	\$ 42.63	.114	\$ 81.00	\$ 4.88
VISITS - DIAGNOSTIC	10	16	360.00	22.50	.096	36.00	2.17
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1	3	450.00	150.00	.018	450.00	2.71
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,686
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	2	\$ 116.35	\$ 58.18	.012	\$ 58.18	\$.70
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.006	47.45	.29
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	1	68.90	68.90	.006	68.90	.42
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	34	174	\$ 10,641.38	\$ 61.16	1.048	\$ 312.98	\$ 64.10
HOSP INPATIENT TOTAL	5	9	6,802.04	755.78	.054	1360.41	40.98
HSC HOSPITALS	4	8	6,802.04	850.26	.048	1700.51	40.98
NON-HSC HOSPITAL TOTAL	1	1	.00	.00	.006	.00	.00
ACCOMMODATIONS	1	1	.00	.00	.006	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	.00	.00	.006	.00	.00
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	32	165	3,839.34	23.27	.994	119.98	23.13
MEDICAL	11	14	497.20	35.51	.084	45.20	3.00
SURGERY	3	3	134.00	44.67	.018	44.67	.81
PATHOLOGY	17	68	724.63	10.66	.410	42.63	4.37
RADIOLOGY	11	18	695.48	38.64	.108	63.23	4.19
ROOM USE	22	34	1,300.52	38.25	.205	59.11	7.83
CROSSOVERS/ALL OTH OUTPTNT	14	28	487.51	17.41	.169	34.82	2.94
@COUNTY HOSPITAL TOTAL	21	101	\$ 9,354.64	\$ 92.62	.608	\$ 445.46	\$ 56.35
CO HOSPITAL INPATIENT TOTAL	3	6	6,750.02	1125.00	.036	2250.01	40.66
HSC HOSPITALS	3	6	6,750.02	1125.00	.036	2250.01	40.66
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	20	95	2,604.62	27.42	.572	130.23	15.69
MEDICAL	8	10	399.22	39.92	.060	49.90	2.40

SURGERY	1	1	68.38	68.38	.006	68.38	.41
PATHOLOGY	9	37	391.74	10.59	.223	43.53	2.36
RADIOLOGY	7	13	531.63	40.89	.078	75.95	3.20
ROOM USE	16	27	993.02	36.78	.163	62.06	5.98
CROSSOVERS/ALL OTH OUTPTNT	6	7	220.63	31.52	.042	36.77	1.33

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,687
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	73	\$ 1,286.74	\$ 17.63	.440	\$ 91.91	\$ 7.75
COMM HOSP INPATIENT TOTAL	2	3	52.02	17.34	.018	26.01	.31
HSC HOSPITALS	1	2	52.02	26.01	.012	52.02	.31
NON-HSC HOSPITALS TOTAL	1	1	.00	.00	.006	.00	.00
ACCOMMODATIONS	1	1	.00	.00	.006	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	.00	.00	.006	.00	.00
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	13	70	1,234.72	17.64	.422	94.98	7.44
MEDICAL	3	4	97.98	24.50	.024	32.66	.59
SURGERY	2	2	65.62	32.81	.012	32.81	.40
PATHOLOGY	8	31	332.89	10.74	.187	41.61	2.01
RADIOLOGY	5	5	163.85	32.77	.030	32.77	.99
ROOM USE	6	7	307.50	43.93	.042	51.25	1.85
CROSSOVERS/ALL OTH OUTPTNT	8	21	266.88	12.71	.127	33.36	1.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	74	3,265	\$ 732,287.75	\$ 224.28	19.669	\$ 9895.78	\$ 4411.37
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	16	814	430,042.87	528.31	4.904	26877.68	2590.62
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	58	2,451	302,244.88	123.31	14.765	5211.12	1820.75
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	23	91	\$ 947.44	\$ 10.41	.548	\$ 41.19	\$ 5.71
PATHOLOGY	23	91	947.44	10.41	.548	41.19	5.71
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	15	\$ 1,866.62	\$ 124.44	.090	\$ 311.10	\$ 11.24
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	15	1,866.62	124.44	.090	311.10	11.24

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,688
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

166 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	28	1,304	\$ 5,856.12	\$ 4.49	7.855	\$ 35.28
DURABLE MED. EQUIP.	5	22	1,481.28	67.33	.133	8.92
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	19	369	3,445.53	9.34	2.223	20.76
AMBULANCES/AIR TRANS	17	351	3,339.86	9.52	2.114	20.12
OTHER TRANS	3	18	105.67	5.87	.108	.64
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	3	9	112.47	12.50	.054	.68
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	1	4	135.30	33.83	.024	.82
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	5	900	681.54	.76	5.422	4.11
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,689
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,690
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,691
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00

PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,692
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,693
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL	

1,259 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,286	12,391	\$ 1,433,832.23	\$ 115.72	9.842	\$ 1114.96	\$ 1138.87
@PHYSICIANS SERVICES	544	2,064	\$ 120,194.50	\$ 58.23	1.639	\$ 220.95	\$ 95.47
OUTPATIENT VISITS	272	928	31,725.34	34.19	.737	116.64	25.20
OFFICE VISITS	65	77	3,361.81	43.66	.061	51.72	2.67
HOME VISITS	1	1	25.20	25.20	.001	25.20	.02
EMERGENCY ROOM	46	52	2,956.22	56.85	.041	64.27	2.35
PREVENTIVE CARE	2	3	104.07	34.69	.002	52.04	.08
OB VISITS/COMPRE PERI	185	792	25,225.16	31.85	.629	136.35	20.04

OTHER OUTPATIENT	3	3		52.88	17.63	.002	17.63	.04
INPATIENT VISITS	126	344		18,259.04	53.08	.273	144.91	14.50
HOSPITAL VISITS	70	122		5,817.90	47.69	.097	83.11	4.62
CRITICAL CARE	9	75		7,233.96	96.45	.060	803.77	5.75
SNF/ICF/TRANS IP CARE	47	147		5,207.18	35.42	.117	110.79	4.14
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	104	312		53,132.40	170.30	.248	510.89	42.20
PRINCIPAL SURGEON	76	79		45,473.03	575.61	.063	598.33	36.12
ASSISTANT SURGEON	9	9		1,678.50	186.50	.007	186.50	1.33
ANESTHESIOLOGIST	32	224		5,980.87	26.70	.178	186.90	4.75
OUTPATIENT SURGERY	20	39		2,553.03	65.46	.031	127.65	2.03
PRINCIPAL SURGEON	17	26		2,209.78	84.99	.021	129.99	1.76
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	13		343.25	26.40	.010	85.81	.27
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	75	232		3,093.06	13.33	.184	41.24	2.46
RADIOLOGY	121	147		8,505.21	57.86	.117	70.29	6.76
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	12		545.05	45.42	.010	54.51	.43
OTHER SERVICES/ALL X-OVERS	32	50		2,381.37	47.63	.040	74.42	1.89
@PHARMACY	389	1,438	\$	63,169.55	\$ 43.93	1.142	\$ 162.39	\$ 50.17
PRESCRIPTION DRUGS	379	1,362		60,347.44	44.31	1.082	159.23	47.93
SNF/ICF	76	754		43,468.49	57.65	.599	571.95	34.53
OUTPATIENTS	303	608		16,878.95	27.76	.483	55.71	13.41
MEDICAL SUPPLIES	26	76		2,822.11	37.13	.060	108.54	2.24
@DENTIST	52	235	\$	7,504.50	\$ 31.93	.187	\$ 144.32	\$ 5.96
VISITS - DIAGNOSTIC	39	149		1,980.00	13.29	.118	50.77	1.57
ORAL SURGERY	10	22		1,250.50	56.84	.017	125.05	.99
DRUGS	2	4		60.00	15.00	.003	30.00	.05
ANESTHESIA	2	2		200.00	100.00	.002	100.00	.16
PERIODONTICS	1	2		255.00	127.50	.002	255.00	.20
ENDODONTICS	3	7		990.00	141.43	.006	330.00	.79
RESTORATIVE DENTISTRY	14	42		2,319.00	55.21	.033	165.64	1.84
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	3		450.00	150.00	.002	450.00	.36
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4		.00	.00	.003	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 4,694
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL							

1,259 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	14	32	\$ 843.23	\$ 26.35	.025	\$ 60.23	\$.67
DIAGNOSTIC AND ANC. PROCED	10	10	474.50	47.45	.008	47.45	.38
EYE APPLIANCES	8	21	299.83	14.28	.017	37.48	.24
OTHER OPTOMETRIC SERVICES	1	1	68.90	68.90	.001	68.90	.05
@CHIROPRACTOR	3	3	\$ 50.16	\$ 16.72	.002	\$ 16.72	\$.04
VISITS	3	3	50.16	16.72	.002	16.72	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

@HOME HEALTH AGENCY	4	6	\$	359.70	\$	59.95	.005	\$	89.93	\$	.29
NURSE ANESTHESIST	3	16	\$	372.80	\$	23.30	.013	\$	124.27	\$	.30
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	469	2,387	\$	419,789.60	\$	175.86	1.896	\$	895.07	\$	333.43
HOSP INPATIENT TOTAL	112	296		358,452.95		1210.99	.235		3200.47		284.71
HSC HOSPITALS	100	252		325,723.05		1292.55	.200		3257.23		258.72
NON-HSC HOSPITAL TOTAL	12	44		32,729.90		743.86	.035		2727.49		26.00
ACCOMMODATIONS	12	44		13,975.07		317.62	.035		1164.59		11.10
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	12	44		13,975.07		317.62	.035		1164.59		11.10
ANCILLARIES	12	0		18,754.83		.00	.000		1562.90		14.90
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	426	2,091		61,336.65	29.33	1.661	143.98	48.72	
MEDICAL	35	44		1,322.85	30.06	.035	37.80	1.05	
SURGERY	39	76		3,138.77	41.30	.060	80.48	2.49	
PATHOLOGY	184	778		7,915.70	10.17	.618	43.02	6.29	
RADIOLOGY	41	50		3,278.69	65.57	.040	79.97	2.60	
ROOM USE	249	461		25,472.89	55.26	.366	102.30	20.23	
CROSSOVERS/ALL OTH OUTPTNT	240	682		20,207.75	29.63	.542	84.20	16.05	
@COUNTY HOSPITAL TOTAL	339	1,884	\$	295,180.76	\$ 156.68	1.496	\$ 870.74	\$ 234.46	
CO HOSPITAL INPATIENT TOTAL	72	185		243,000.69	1313.52	.147	3375.01	193.01	
HSC HOSPITALS	72	185		243,000.69	1313.52	.147	3375.01	193.01	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	314	1,699		52,180.07	30.71	1.349	166.18	41.45	
MEDICAL	22	29		909.02	31.35	.023	41.32	.72	
SURGERY	34	71		3,012.57	42.43	.056	88.61	2.39	
PATHOLOGY	126	583		5,543.56	9.51	.463	44.00	4.40	
RADIOLOGY	18	25		1,817.41	72.70	.020	100.97	1.44	
ROOM USE	200	397		22,836.93	57.52	.315	114.18	18.14	
CROSSOVERS/ALL OTH OUTPTNT	184	594		18,060.58	30.41	.472	98.16	14.35	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,695
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL								

1,259 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	137	503	\$ 124,608.84	\$ 247.73	.400	\$ 909.55	\$ 98.97
COMM HOSP INPATIENT TOTAL	40	111	115,452.26	1040.11	.088	2886.31	91.70
HSC HOSPITALS	28	67	82,722.36	1234.66	.053	2954.37	65.70
NON-HSC HOSPITALS TOTAL	12	44	32,729.90	743.86	.035	2727.49	26.00
ACCOMMODATIONS	12	44	13,975.07	317.62	.035	1164.59	11.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	12	44	13,975.07	317.62	.035	1164.59	11.10
ANCILLARIES	12	0	18,754.83	.00	.000	1562.90	14.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	119	392	9,156.58	23.36	.311	76.95	7.27
MEDICAL	13	15	413.83	27.59	.012	31.83	.33
SURGERY	5	5	126.20	25.24	.004	25.24	.10
PATHOLOGY	59	195	2,372.14	12.16	.155	40.21	1.88
RADIOLOGY	24	25	1,461.28	58.45	.020	60.89	1.16
ROOM USE	49	64	2,635.96	41.19	.051	53.80	2.09
CROSSOVERS/ALL OTH OUTPTNT	57	88	2,147.17	24.40	.070	37.67	1.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	74	3,265	\$ 732,287.75	\$ 224.28	2.593	\$ 9895.78	\$ 581.64
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	16	814	430,042.87	528.31	.647	26877.68	341.57
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	58	2,451	302,244.88	123.31	1.947	5211.12	240.07
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	180	615	\$ 7,353.00	\$ 11.96	.488	\$ 40.85	\$ 5.84
PATHOLOGY	180	615	7,353.00	11.96	.488	40.85	5.84
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	260	748	\$ 61,877.90	\$ 82.72	.594	\$ 237.99	\$ 49.15
CLINIC	27	121	3,240.83	26.78	.096	120.03	2.57
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	233	627	58,637.07	93.52	.498	251.66	46.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,696
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

	1,259 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	131		1,582	\$ 20,029.54	\$ 12.66	1.257	\$ 152.90	\$ 15.91
DURABLE MED. EQUIP.	6		23	1,580.87	68.73	.018	263.48	1.26
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	27		498	7,961.97	15.99	.396	294.89	6.32
AMBULANCES/AIR TRANS	25		479	6,056.30	12.64	.380	242.25	4.81
OTHER TRANS	3		18	105.67	5.87	.014	35.22	.08
OTHER SERVICES	1		1	1,800.00	1800.00	.001	1800.00	1.43
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	68		68	6,978.00	102.62	.054	102.62	5.54
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	18		41	440.37	10.74	.033	24.47	.35
PHYSICAL THERAPIST	1		1	88.69	88.69	.001	88.69	.07
PORTABLE X-RAY	1		4	135.30	33.83	.003	135.30	.11
PROSTHETIST/ORTHOTISTS	16		39	2,086.24	53.49	.031	130.39	1.66
PROSTHETICS	8		26	979.70	37.68	.021	122.46	.78
ORTHOTICS	12		13	1,106.54	85.12	.010	92.21	.88
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1		8	76.56	9.57	.006	76.56	.06
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5		900	681.54	.76	.715	136.31	.54
@CALIF. CHILDREN SERVICES*	2		56	\$ 38,546.22	\$ 688.33	.044	\$ 19273.11	\$ 30.62
@XOVER EXCLUDING STATE HOSP**	0		0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,697
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR ALL AGED	

----- MONTHLY AVERAGE -----

110,761 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	86,216	2,515,876	\$ 81,957,585.54	\$ 32.58	22.714	\$ 950.61	\$ 739.95	
@PHYSICIANS SERVICES	18,209	86,637	\$ 1,264,680.35	\$ 14.60	.782	\$ 69.45	\$ 11.42	
OUTPATIENT VISITS	1,191	1,749	65,441.97	37.42	.016	54.95	.59	
OFFICE VISITS	1,048	1,526	49,133.85	32.20	.014	46.88	.44	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	184	212	16,089.32	75.89	.002	87.44	.15	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	10	11	218.80	19.89	.000	21.88	.00	
INPATIENT VISITS	278	3,249	101,915.39	31.37	.029	366.60	.92	
HOSPITAL VISITS	205	2,897	76,726.73	26.48	.026	374.28	.69	
CRITICAL CARE	37	167	19,162.10	114.74	.002	517.89	.17	
SNF/ICF/TRANS IP CARE	87	185	6,026.56	32.58	.002	69.27	.05	
OPHTHALMOLOGICAL SERVICES	100	117	4,521.75	38.65	.001	45.22	.04	
EXAMINATIONS	100	117	4,521.75	38.65	.001	45.22	.04	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	104	213	43,326.97	203.41	.002	416.61	.39	
PRINCIPAL SURGEON	85	149	33,593.96	225.46	.001	395.22	.30	
ASSISTANT SURGEON	9	9	2,318.38	257.60	.000	257.60	.02	
ANESTHESIOLOGIST	28	55	7,414.63	134.81	.000	264.81	.07	
OUTPATIENT SURGERY	171	587	56,072.79	95.52	.005	327.91	.51	
PRINCIPAL SURGEON	144	216	50,017.05	231.56	.002	347.34	.45	
ASSISTANT SURGEON	1	1	118.02	118.02	.000	118.02	.00	
ANESTHESIOLOGIST	39	370	5,937.72	16.05	.003	152.25	.05	
DIALYSIS	88	339	20,258.56	59.76	.003	230.21	.18	
PATHOLOGY	457	1,882	10,412.74	5.53	.017	22.78	.09	
RADIOLOGY	556	1,602	67,076.57	41.87	.014	120.64	.61	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	102	1,394	41,827.30	30.01	.013	410.07	.38	
OTHER SERVICES/ALL X-OVERS	16,721	75,505	853,826.31	11.31	.682	51.06	7.71	
@PHARMACY	73,223	792,975	\$ 21,827,469.15	\$ 27.53	7.159	\$ 298.10	\$ 197.07	
PRESCRIPTION DRUGS	72,225	340,304	21,185,680.30	62.26	3.072	293.33	191.27	
SNF/ICF	12,869	94,722	4,580,066.73	48.35	.855	355.90	41.35	
OUTPATIENTS	59,780	245,582	16,605,613.57	67.62	2.217	277.78	149.92	
MEDICAL SUPPLIES	6,962	452,671	641,788.85	1.42	4.087	92.18	5.79	
@DENTIST	4,618	20,479	\$ 995,721.88	\$ 48.62	.185	\$ 215.62	\$ 8.99	
VISITS - DIAGNOSTIC	3,016	11,671	133,513.95	11.44	.105	44.27	1.21	
ORAL SURGERY	718	2,543	118,393.00	46.56	.023	164.89	1.07	
DRUGS	35	84	1,080.00	12.86	.001	30.86	.01	
ANESTHESIA	58	60	5,300.00	88.33	.001	91.38	.05	
PERIODONTICS	276	288	42,185.00	146.48	.003	152.84	.38	
ENDODONTICS	158	231	52,819.00	228.65	.002	334.30	.48	
RESTORATIVE DENTISTRY	792	2,055	188,127.50	91.55	.019	237.53	1.70	
PROSTHETICS	43	44	1,226.70	27.88	.000	28.53	.01	
DENTURES, STAYPLATES	1,222	3,285	452,327.64	137.69	.030	370.15	4.08	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	1	1	609.09	609.09	.000	609.09	.01	
FRACTURES, DISLOCATIONS	0	0	140.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	112	217	.00	.00	.002	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,698
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR ALL AGED							

110,761 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2,194	5,822	\$ 120,580.15	\$ 20.71	.053	\$ 54.96	\$ 1.09
DIAGNOSTIC AND ANC. PROCED	631	632	29,655.49	46.92	.006	47.00	.27

EYE APPLIANCES	1,557	4,438		76,150.52		17.16	.040	48.91	.69
OTHER OPTOMETRIC SERVICES	541	752		14,774.14		19.65	.007	27.31	.13
@CHIROPRACTOR	26	43	\$	257.96	\$	6.00	.000	9.92	.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	26	43		257.96		6.00	.000	9.92	.00
@PODIATRIST	2,198	4,061	\$	26,302.15	\$	6.48	.037	11.97	.24
MEDICINE/INJECTIONS	13	17		554.20		32.60	.000	42.63	.01
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000	34.60	.00
OTHER	2,186	4,042		25,713.35		6.36	.036	11.76	.23
@HOME HEALTH AGENCY	16	72	\$	4,784.46	\$	66.45	.001	299.03	.04
NURSE ANESTHESIST	2	7	\$	150.04	\$	21.43	.000	75.02	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	.00	.00
@TOTAL HOSPITAL	5,518	34,877	\$	4,356,264.03	\$	124.90	.315	789.46	39.33
HOSP INPATIENT TOTAL	1,624	10,388		3,867,310.57		372.29	.094	2381.35	34.92
HSC HOSPITALS	258	2,087		1,939,023.81		929.10	.019	7515.60	17.51
NON-HSC HOSPITAL TOTAL	86	702		833,196.55		1186.89	.006	9688.33	7.52
ACCOMMODATIONS	86	702		159,466.85		227.16	.006	1854.27	1.44
ADMINISTRATIVE DAYS	7	51		11,741.76		230.23	.000	1677.39	.11
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	79	651		147,725.09		226.92	.006	1869.94	1.33
ANCILLARIES	84	0		673,729.70		.00	.000	8020.59	6.08
INPATIENT CROSSOVERS	1,288	7,599		1,095,090.21		144.11	.069	850.23	9.89
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,114	24,489		488,953.46		19.97	.221	118.85	4.41
MEDICAL	289	467		16,912.62		36.22	.004	58.52	.15
SURGERY	72	82		7,171.97		87.46	.001	99.61	.06
PATHOLOGY	387	1,938		21,703.59		11.20	.017	56.08	.20
RADIOLOGY	244	382		31,457.92		82.35	.003	128.93	.28
ROOM USE	381	582		24,395.04		41.92	.005	64.03	.22
CROSSOVERS/ALL OTH OUTPTNT	3,584	21,038		387,312.32		18.41	.190	108.07	3.50
@COUNTY HOSPITAL TOTAL	767	2,945	\$	386,989.88	\$	131.41	.027	504.55	3.49
CO HOSPITAL INPATIENT TOTAL	49	366		305,837.94		835.62	.003	6241.59	2.76
HSC HOSPITALS	31	221		291,575.63		1319.35	.002	9405.67	2.63
NON-HSC HOSPITALS TOTAL	1	2		1,093.11		546.56	.000	1093.11	.01
ACCOMMODATIONS	1	2		462.60		231.30	.000	462.60	.00
ADMINISTRATIVE DAYS	1	2		462.60		231.30	.000	462.60	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	1	0		630.51		.00	.000	630.51	.01
INPATIENT CROSSOVERS	18	143		13,169.20		92.09	.001	731.62	.12
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	735	2,579		81,151.94		31.47	.023	110.41	.73
MEDICAL	204	319		9,791.92		30.70	.003	48.00	.09
SURGERY	29	38		4,315.12		113.56	.000	148.80	.04
PATHOLOGY	160	846		9,639.60		11.39	.008	60.25	.09
RADIOLOGY	101	158		17,482.34		110.65	.001	173.09	.16
ROOM USE	260	419		16,275.21		38.84	.004	62.60	.15
CROSSOVERS/ALL OTH OUTPTNT	391	799		23,647.75		29.60	.007	60.48	.21

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR ALL AGED

	110,761 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		4,794	31,932	\$ 3,969,274.15	\$ 124.30	.288	\$ 827.97	\$ 35.84
COMM HOSP INPATIENT TOTAL		1,576	10,022	3,561,472.63	355.37	.090	2259.82	32.15
HSC HOSPITALS		227	1,866	1,647,448.18	882.88	.017	7257.48	14.87

NON-HSC HOSPITALS TOTAL	85	700	832,103.44	1188.72	.006	9789.45	7.51
ACCOMMODATIONS	85	700	159,004.25	227.15	.006	1870.64	1.44
ADMINISTRATIVE DAYS	6	49	11,279.16	230.19	.000	1879.86	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	79	651	147,725.09	226.92	.006	1869.94	1.33
ANCILLARIES	83	0	673,099.19	.00	.000	8109.63	6.08
INPATIENT CROSSOVERS	1,270	7,456	1,081,921.01	145.11	.067	851.91	9.77
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,413	21,910	407,801.52	18.61	.198	119.48	3.68
MEDICAL	91	148	7,120.70	48.11	.001	78.25	.06
SURGERY	43	44	2,856.85	64.93	.000	66.44	.03
PATHOLOGY	231	1,092	12,063.99	11.05	.010	52.23	.11
RADIOLOGY	143	224	13,975.58	62.39	.002	97.73	.13
ROOM USE	128	163	8,119.83	49.81	.001	63.44	.07
CROSSOVERS/ALL OTH OUTPTNT	3,207	20,239	363,664.57	17.97	.183	113.40	3.28
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	13,928	413,100	\$ 47,435,111.45	\$ 114.83	3.730	\$ 3405.74	\$ 428.27
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	149	4,716	2,320,582.98	492.07	.043	15574.38	20.95
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	13,848	408,384	45,114,528.47	110.47	3.687	3257.84	407.31
@INTERMEDIATE CARE FACIL.-DD	191	5,677	\$ 830,742.72	\$ 146.33	.051	\$ 4349.44	\$ 7.50
ICF DDH	119	3,546	475,038.65	133.96	.032	3991.92	4.29
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	72	2,131	355,704.07	166.92	.019	4940.33	3.21
@HEMODIALYSIS TOTAL	871	5,333	\$ 593,492.74	\$ 111.29	.048	\$ 681.39	\$ 5.36
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	871	5,333	593,492.74	111.29	.048	681.39	5.36
@REHABILITATION FACILITY	2	2	\$ 44.37	\$ 22.19	.000	\$ 22.19	\$.00
HOSPITAL BASED	2	2	44.37	22.19	.000	22.19	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,899	6,740	\$ 61,448.22	\$ 9.12	.061	\$ 32.36	\$.55
PATHOLOGY	1,237	4,554	49,544.97	10.88	.041	40.05	.45
XO AND OTHERS	666	2,186	11,903.25	5.45	.020	17.87	.11
@ORGANIZED OUTPATIENT CLINIC	5,365	8,562	\$ 433,900.00	\$ 50.68	.077	\$ 80.88	\$ 3.92
CLINIC	86	277	6,689.58	24.15	.003	77.79	.06
SURGICENTER	527	895	90,755.23	101.40	.008	172.21	.82
HEROIN DETOX CLINIC	2	20	178.30	8.92	.000	89.15	.00
RURAL HEALTH CLINIC	4,801	7,370	336,276.89	45.63	.067	70.04	3.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,700
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR ALL AGED						

	110,761 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	17,634	1,131,489	\$ 4,006,635.87	\$ 3.54	10.216	\$ 227.21	\$ 36.17	
DURABLE MED. EQUIP.	1,008	5,011	508,613.76	101.50	.045	504.58	4.59	
BLOOD BANK	1	4	382.50	95.63	.000	382.50	.00	
HEARING AID DISPENSERS	483	659	195,261.37	296.30	.006	404.27	1.76	
MEDICAL TRANSPORTATION	3,468	176,072	600,103.46	3.41	1.590	173.04	5.42	
AMBULANCES/AIR TRANS	308	1,599	36,367.09	22.74	.014	118.07	.33	
OTHER TRANS	2,927	168,214	540,849.06	3.22	1.519	184.78	4.88	
OTHER SERVICES	336	6,259	22,887.31	3.66	.057	68.12	.21	
ACUPUNCTURE	48	161	2,772.70	17.22	.001	57.76	.03	
ADULT DAY HEALTH CARE CTR	791	12,535	866,185.79	69.10	.113	1095.05	7.82	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,022	5,930	429,763.21	72.47	.054	420.51	3.88	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	2,648	6,210	88,872.27	14.31	.056	33.56	.80	
PHYSICAL THERAPIST	2	7	32.77	4.68	.000	16.39	.00	
PORTABLE X-RAY	70	154	1,790.12	11.62	.001	25.57	.02	
PROSTHETIST/ORTHOTISTS	250	510	20,692.06	40.57	.005	82.77	.19	
PROSTHETICS	246	502	20,444.88	40.73	.005	83.11	.18	
ORTHOTICS	4	8	247.18	30.90	.000	61.80	.00	
PSYCHOLOGIST	19	22	379.99	17.27	.000	20.00	.00	
SPEECH AND AUDIOLOGY	399	811	80,820.81	99.66	.007	202.56	.73	
HOSPICE SERVICES	218	5,550	499,179.28	89.94	.050	2289.81	4.51	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	5	15	144.07	9.60	.000	28.81	.00	
EPSDT SUPPLEMENTAL SERVICE	1	72	1,727.64	24.00	.001	1727.64	.02	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	9,365	917,766		709,914.07		.77	8.286		75.81		6.41
@CALIF. CHILDREN SERVICES*	3	3	\$	105.99	\$	35.33	.000	\$	35.33	\$	.00
@XOVER EXCLUDING STATE HOSP**	30,211	515,655	\$	5,539,332.47	\$	10.74	4.656	\$	183.35	\$	50.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR ALL BLIND

7,087 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	5,647	439,055	\$ 5,250,271.97	\$ 11.96	61.952	\$	929.75	\$ 740.83
@PHYSICIANS SERVICES	1,881	9,677	\$ 240,762.09	\$ 24.88	1.365	\$	128.00	\$ 33.97
OUTPATIENT VISITS	766	1,123	42,204.01	37.58	.158		55.10	5.96
OFFICE VISITS	633	882	28,119.41	31.88	.124		44.42	3.97
HOME VISITS	3	3	160.10	53.37	.000		53.37	.02
EMERGENCY ROOM	159	187	12,121.93	64.82	.026		76.24	1.71
PREVENTIVE CARE	1	1	43.85	43.85	.000		43.85	.01
OB VISITS/COMPRI PERI	1	1	94.73	94.73	.000		94.73	.01
OTHER OUTPATIENT	41	49	1,663.99	33.96	.007		40.59	.23
INPATIENT VISITS	115	970	27,672.84	28.53	.137		240.63	3.90
HOSPITAL VISITS	96	886	23,074.46	26.04	.125		240.36	3.26
CRITICAL CARE	9	19	2,502.18	131.69	.003		278.02	.35
SNF/ICF/TRANS IP CARE	16	65	2,096.20	32.25	.009		131.01	.30
OPHTHALMOLOGICAL SERVICES	100	154	6,706.37	43.55	.022		67.06	.95
EXAMINATIONS	99	153	6,669.97	43.59	.022		67.37	.94
SERVICES AND MATERIALS	1	1	36.40	36.40	.000		36.40	.01
INPATIENT HOSPITAL SURGERY	56	311	27,039.60	86.94	.044		482.85	3.82
PRINCIPAL SURGEON	43	62	21,940.16	353.87	.009		510.24	3.10
ASSISTANT SURGEON	4	4	674.75	168.69	.001		168.69	.10
ANESTHESIOLOGIST	14	245	4,424.69	18.06	.035		316.05	.62
OUTPATIENT SURGERY	123	387	35,991.19	93.00	.055		292.61	5.08
PRINCIPAL SURGEON	94	121	30,764.98	254.26	.017		327.29	4.34
ASSISTANT SURGEON	3	3	306.08	102.03	.000		102.03	.04
ANESTHESIOLOGIST	30	263	4,920.13	18.71	.037		164.00	.69
DIALYSIS	42	123	9,662.08	78.55	.017		230.05	1.36
PATHOLOGY	182	852	4,153.32	4.87	.120		22.82	.59
RADIOLOGY	266	584	24,174.33	41.39	.082		90.88	3.41
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	40	90	2,878.05	31.98	.013		71.95	.41
OTHER SERVICES/ALL X-OVERS	989	5,083	60,280.30	11.86	.717		60.95	8.51
@PHARMACY	4,599	137,948	\$ 1,849,092.56	\$ 13.40	19.465	\$	402.06	\$ 260.91
PRESCRIPTION DRUGS	4,481	22,539	1,700,886.24	75.46	3.180		379.58	240.00
SNF/ICF	234	1,759	105,339.38	59.89	.248		450.17	14.86
OUTPATIENTS	4,265	20,780	1,595,546.86	76.78	2.932		374.10	225.14
MEDICAL SUPPLIES	985	115,409	148,206.32	1.28	16.285		150.46	20.91
@DENTIST	395	1,801	\$ 75,779.25	\$ 42.08	.254	\$	191.85	\$ 10.69
VISITS - DIAGNOSTIC	271	1,163	12,899.75	11.09	.164		47.60	1.82
ORAL SURGERY	59	154	9,617.50	62.45	.022		163.01	1.36
DRUGS	4	8	70.00	8.75	.001		17.50	.01
ANESTHESIA	6	6	500.00	83.33	.001		83.33	.07
PERIODONTICS	36	48	7,445.00	155.10	.007		206.81	1.05
ENDODONTICS	26	43	6,651.00	154.67	.006		255.81	.94
RESTORATIVE DENTISTRY	98	252	19,824.00	78.67	.036		202.29	2.80
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	48	112	18,652.00	166.54	.016		388.58	2.63
SPACE MAINTAINERS	1	1	120.00	120.00	.000		120.00	.02
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00

ORTHODONTIC SERVICES	6	9	.00	.00	.001	.00	.00
ALL OTHER SERVICES	4	5	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL BLIND

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01/29/04

7,087 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	83	186	\$ 7,518.24	\$ 40.42	.026	\$ 90.58	\$ 1.06
DIAGNOSTIC AND ANC. PROCED	42	43	1,959.58	45.57	.006	46.66	.28
EYE APPLIANCES	49	135	5,276.95	39.09	.019	107.69	.74
OTHER OPTOMETRIC SERVICES	9	8	281.71	35.21	.001	31.30	.04
@CHIROPRACTOR	15	31	\$ 432.37	\$ 13.95	.004	\$ 28.82	\$.06
VISITS	13	23	384.56	16.72	.003	29.58	.05
OTHER SERVICES	2	8	47.81	5.98	.001	23.91	.01
@PODIATRIST	99	187	\$ 1,560.57	\$ 8.35	.026	\$ 15.76	\$.22
MEDICINE/INJECTIONS	11	12	379.73	31.64	.002	34.52	.05
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	88	175	1,180.84	6.75	.025	13.42	.17
@HOME HEALTH AGENCY	60	7,109	\$ 215,849.15	\$ 30.36	1.003	\$ 3597.49	\$ 30.46
NURSE ANESTHESIST	5	16	390.11	24.38	.002	78.02	.06
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	784	5,117	\$ 853,956.32	\$ 166.89	.722	\$ 1089.23	\$ 120.50
HOSP INPATIENT TOTAL	125	904	721,810.62	798.46	.128	5774.48	101.85
HSC HOSPITALS	55	380	442,198.53	1163.68	.054	8039.97	62.40
NON-HSC HOSPITAL TOTAL	21	76	215,455.80	2834.94	.011	10259.80	30.40
ACCOMMODATIONS	21	76	27,999.70	368.42	.011	1333.32	3.95
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	73	27,305.80	374.05	.010	1365.29	3.85
ANCILLARIES	21	0	187,456.10	.00	.000	8926.48	26.45
INPATIENT CROSSOVERS	51	448	64,156.29	143.21	.063	1257.97	9.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	702	4,213	132,145.70	31.37	.594	188.24	18.65
MEDICAL	221	350	14,842.29	42.41	.049	67.16	2.09
SURGERY	70	89	9,003.29	101.16	.013	128.62	1.27
PATHOLOGY	269	1,381	16,639.81	12.05	.195	61.86	2.35
RADIOLOGY	158	222	19,559.60	88.11	.031	123.79	2.76
ROOM USE	355	590	28,675.13	48.60	.083	80.78	4.05
CROSSOVERS/ALL OTH OUTPTNT	315	1,581	43,425.58	27.47	.223	137.86	6.13
@COUNTY HOSPITAL TOTAL	307	1,493	\$ 178,405.83	\$ 119.49	.211	\$ 581.13	\$ 25.17
CO HOSPITAL INPATIENT TOTAL	14	101	131,979.07	1306.72	.014	9427.08	18.62
HSC HOSPITALS	14	98	131,050.02	1337.25	.014	9360.72	18.49
NON-HSC HOSPITALS TOTAL	1	3	929.05	309.68	.000	929.05	.13
ACCOMMODATIONS	1	3	693.90	231.30	.000	693.90	.10
ADMINISTRATIVE DAYS	1	3	693.90	231.30	.000	693.90	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	235.15	.00	.000	235.15	.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	302	1,392	46,426.76	33.35	.196	153.73	6.55
MEDICAL	139	216	8,013.44	37.10	.030	57.65	1.13
SURGERY	21	22	4,691.76	213.26	.003	223.42	.66
PATHOLOGY	104	542	6,086.19	11.23	.076	58.52	.86
RADIOLOGY	49	64	5,745.53	89.77	.009	117.26	.81
ROOM USE	187	307	14,715.63	47.93	.043	78.69	2.08

7,087 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	509	3,624	\$ 675,550.49	\$ 186.41	.511	\$ 1327.21	\$ 95.32
COMM HOSP INPATIENT TOTAL	112	803	589,831.55	734.53	.113	5266.35	83.23
HSC HOSPITALS	42	282	311,148.51	1103.36	.040	7408.30	43.90
NON-HSC HOSPITALS TOTAL	20	73	214,526.75	2938.72	.010	10726.34	30.27
ACCOMMODATIONS	20	73	27,305.80	374.05	.010	1365.29	3.85
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	20	73	27,305.80	374.05	.010	1365.29	3.85
ANCILLARIES	20	0	187,220.95	.00	.000	9361.05	26.42
INPATIENT CROSSOVERS	51	448	64,156.29	143.21	.063	1257.97	9.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	425	2,821	85,718.94	30.39	.398	201.69	12.10
MEDICAL	83	134	6,828.85	50.96	.019	82.28	.96
SURGERY	49	67	4,311.53	64.35	.009	87.99	.61
PATHOLOGY	171	839	10,553.62	12.58	.118	61.72	1.49
RADIOLOGY	110	158	13,814.07	87.43	.022	125.58	1.95
ROOM USE	181	283	13,959.50	49.33	.040	77.12	1.97
CROSSOVERS/ALL OTH OUTPTNT	246	1,340	36,251.37	27.05	.189	147.36	5.12
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	173	4,572	\$ 683,218.05	\$ 149.44	.645	\$ 3949.24	\$ 96.40
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	365	187,062.50	512.50	.052	15588.54	26.40
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	161	4,207	496,155.55	117.94	.594	3081.71	70.01
@INTERMEDIATE CARE FACIL.-DD	77	2,379	\$ 399,768.35	\$ 168.04	.336	\$ 5191.80	\$ 56.41
ICF DDH	23	703	104,866.51	149.17	.099	4559.41	14.80
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	54	1,676	294,901.84	175.96	.236	5461.15	41.61
@HEMODIALYSIS TOTAL	229	1,547	\$ 180,485.88	\$ 116.67	.218	\$ 788.15	\$ 25.47
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	229	1,547	180,485.88	116.67	.218	788.15	25.47
@REHABILITATION FACILITY	7	30	\$ 742.51	\$ 24.75	.004	\$ 106.07	\$.10
HOSPITAL BASED	1	5	191.52	38.30	.001	191.52	.03
INDEPENDENT FACILITY	6	25	550.99	22.04	.004	91.83	.08
@LABORATORY FACILITY	372	2,020	\$ 23,203.05	\$ 11.49	.285	\$ 62.37	\$ 3.27
PATHOLOGY	352	1,963	22,777.24	11.60	.277	64.71	3.21
XO AND OTHERS	20	57	425.81	7.47	.008	21.29	.06
@ORGANIZED OUTPATIENT CLINIC	577	1,034	\$ 74,454.05	\$ 72.01	.146	\$ 129.04	\$ 10.51
CLINIC	102	202	9,693.44	47.99	.029	95.03	1.37
SURGICENTER	43	151	8,176.41	54.15	.021	190.15	1.15
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	448	681	56,584.20	83.09	.096	126.30	7.98

7,087 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	1,520	265,401	\$ 643,059.42	\$ 2.42	37.449	\$ 423.07	\$ 90.74

DURABLE MED. EQUIP.	130	548	89,664.28	163.62	.077	689.73	12.65
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	47	78	9,120.04	116.92	.011	194.04	1.29
MEDICAL TRANSPORTATION	283	29,933	105,367.98	3.52	4.224	372.33	14.87
AMBULANCES/AIR TRANS	138	1,850	25,039.62	13.53	.261	181.45	3.53
OTHER TRANS	147	27,810	74,444.54	2.68	3.924	506.43	10.50
OTHER SERVICES	9	273	5,883.82	21.55	.039	653.76	.83
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	41	593	41,102.87	69.31	.084	1002.51	5.80
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	129	5,887	205,876.28	34.97	.831	1595.94	29.05
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	156	370	10,712.14	28.95	.052	68.67	1.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	47	173	12,005.23	69.39	.024	255.43	1.69

PROSTHETICS	46	171	11,827.42	69.17	.024	257.12	1.67
ORTHOTICS	2	2	177.81	88.91	.000	88.91	.03
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	60	97	6,612.92	68.17	.014	110.22	.93
HOSPICE SERVICES	2	16	1,753.77	109.61	.002	876.89	.25
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	258	26,336	84,181.92	3.20	3.716	326.29	11.88
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	697	201,369	76,556.99	.38	28.414	109.84	10.80
@CALIF. CHILDREN SERVICES*	212	43,897	\$ 241,966.62	\$ 5.51	6.194	\$ 1141.35	\$ 34.14
@XOVER EXCLUDING STATE HOSP**	1,398	29,445	\$ 317,519.47	\$ 10.78	4.155	\$ 227.12	\$ 44.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,705
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED	

258,992 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	215,657	8,097,901	\$ 160,339,693.27	\$ 19.80	31.267	\$ 743.49	\$ 619.09
@PHYSICIANS SERVICES	64,793	301,488	\$ 8,984,698.02	\$ 29.80	1.164	\$ 138.67	\$ 34.69
OUTPATIENT VISITS	31,209	47,529	1,766,180.35	37.16	.184	56.59	6.82
OFFICE VISITS	24,118	35,369	1,101,777.68	31.15	.137	45.68	4.25
HOME VISITS	207	249	10,435.75	41.91	.001	50.41	.04
EMERGENCY ROOM	7,418	9,132	554,030.36	60.67	.035	74.69	2.14
PREVENTIVE CARE	14	14	542.58	38.76	.000	38.76	.00
OB VISITS/COMPRE PERI	261	937	34,094.12	36.39	.004	130.63	.13
OTHER OUTPATIENT	1,487	1,828	65,299.86	35.72	.007	43.91	.25
INPATIENT VISITS	5,047	36,229	1,554,642.38	42.91	.140	308.03	6.00
HOSPITAL VISITS	4,513	32,304	1,167,497.08	36.14	.125	258.70	4.51
CRITICAL CARE	430	2,518	337,397.12	133.99	.010	784.64	1.30
SNF/ICF/TRANS IP CARE	533	1,407	49,748.18	35.36	.005	93.34	.19
OPHTHALMOLOGICAL SERVICES	848	1,061	46,628.80	43.95	.004	54.99	.18
EXAMINATIONS	842	1,055	46,417.06	44.00	.004	55.13	.18
SERVICES AND MATERIALS	6	6	211.74	35.29	.000	35.29	.00
INPATIENT HOSPITAL SURGERY	2,284	11,614	1,050,989.02	90.49	.045	460.15	4.06
PRINCIPAL SURGEON	1,738	2,715	827,868.94	304.92	.010	476.33	3.20
ASSISTANT SURGEON	159	187	41,526.30	222.07	.001	261.17	.16
ANESTHESIOLOGIST	677	8,712	181,593.78	20.84	.034	268.23	.70
OUTPATIENT SURGERY	3,573	9,767	742,848.87	76.06	.038	207.91	2.87
PRINCIPAL SURGEON	2,932	3,717	623,180.64	167.66	.014	212.54	2.41
ASSISTANT SURGEON	30	32	3,318.30	103.70	.000	110.61	.01
ANESTHESIOLOGIST	771	6,018	116,349.93	19.33	.023	150.91	.45
DIALYSIS	457	1,549	110,860.40	71.57	.006	242.58	.43
PATHOLOGY	7,592	28,222	220,651.62	7.82	.109	29.06	.85
RADIOLOGY	12,052	29,066	1,307,240.27	44.97	.112	108.47	5.05
PSYCHIATRY	3	7	212.61	30.37	.000	70.87	.00
IMMUNIZATION AND INJECTION	2,305	15,171	337,670.28	22.26	.059	146.49	1.30
OTHER SERVICES/ALL X-OVERS	30,755	121,273	1,846,773.42	15.23	.468	60.05	7.13
@PHARMACY	166,912	2,509,422	\$ 69,707,678.43	\$ 27.78	9.689	\$ 417.63	\$ 269.15
PRESCRIPTION DRUGS	164,239	780,606	66,447,795.15	85.12	3.014	404.58	256.56
SNF/ICF	6,396	43,210	3,192,583.42	73.89	.167	499.15	12.33
OUTPATIENTS	158,853	737,396	63,255,211.73	85.78	2.847	398.20	244.24
MEDICAL SUPPLIES	19,767	1,728,816	3,259,883.28	1.89	6.675	164.92	12.59
@DENTIST	19,650	103,001	\$ 3,970,381.40	\$ 38.55	.398	\$ 202.06	\$ 15.33
VISITS - DIAGNOSTIC	12,883	64,747	655,424.77	10.12	.250	50.88	2.53
ORAL SURGERY	3,319	10,681	581,438.96	54.44	.041	175.18	2.25

DRUGS	450	872	12,756.25	14.63	.003	28.35	.05
ANESTHESIA	456	466	43,025.00	92.33	.002	94.35	.17
PERIODONTICS	1,682	1,942	272,186.70	140.16	.007	161.82	1.05
ENDODONTICS	1,325	2,001	377,648.50	188.73	.008	285.02	1.46
RESTORATIVE DENTISTRY	5,508	14,638	1,160,033.90	79.25	.057	210.61	4.48
PROSTHETICS	125	138	3,850.00	27.90	.001	30.80	.01
DENTURES, STAYPLATES	2,160	6,557	824,406.98	125.73	.025	381.67	3.18
SPACE MAINTAINERS	43	59	6,693.00	113.44	.000	155.65	.03
MAXILLOFACIAL SERVICES	37	39	6,326.35	162.21	.000	170.98	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	231	302	25,893.99	85.74	.001	112.10	.10
ALL OTHER SERVICES	456	559	697.00	1.25	.002	1.53	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,706
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED						

258,992 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4,947	12,702	\$	300,504.40	\$ 23.66	.049	\$ 60.74	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	3,018	3,068		140,912.57	45.93	.012	46.69	.54
EYE APPLIANCES	3,092	8,958		143,333.35	16.00	.035	46.36	.55
OTHER OPTOMETRIC SERVICES	525	676		16,258.48	24.05	.003	30.97	.06
@CHIROPRACTOR	885	1,370	\$	21,905.01	\$ 15.99	.005	\$ 24.75	\$.08
VISITS	817	1,257		20,883.28	16.61	.005	25.56	.08
OTHER SERVICES	68	113		1,021.73	9.04	.000	15.03	.00
@PODIATRIST	2,545	4,733	\$	74,898.19	\$ 15.82	.018	\$ 29.43	\$.29
MEDICINE/INJECTIONS	1,042	1,206		33,218.66	27.54	.005	31.88	.13
SURGERY/ANES.	54	61		3,947.70	64.72	.000	73.11	.02
RADIO./PATHOLOGY	80	118		2,113.16	17.91	.000	26.41	.01
OTHER	1,528	3,348		35,618.67	10.64	.013	23.31	.14
@HOME HEALTH AGENCY	1,135	43,258	\$	1,527,970.95	\$ 35.32	.167	\$ 1346.23	\$ 5.90
NURSE ANESTHESIST	132	1,068	\$	13,174.88	\$ 12.34	.004	\$ 99.81	\$.05
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	3	3	\$	64.32	\$ 21.44	.000	\$ 21.44	\$.00
@TOTAL HOSPITAL	34,446	211,712	\$	35,175,868.12	\$ 166.15	.817	\$ 1021.19	\$ 135.82
HOSP INPATIENT TOTAL	5,063	33,669		30,342,519.91	901.20	.130	5992.99	117.16
HSC HOSPITALS	2,905	19,583		22,570,071.86	1152.53	.076	7769.39	87.15
NON-HSC HOSPITAL TOTAL	693	4,482		6,390,083.65	1425.72	.017	9220.90	24.67
ACCOMMODATIONS	691	4,482		1,438,310.95	320.91	.017	2081.49	5.55
ADMINISTRATIVE DAYS	59	541		120,872.99	223.43	.002	2048.69	.47
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	639	3,941		1,317,437.96	334.29	.015	2061.72	5.09
ANCILLARIES	685	0		4,951,772.70	.00	.000	7228.87	19.12
INPATIENT CROSSOVERS	1,552	9,604		1,381,092.34	143.80	.037	889.88	5.33
ALL OTHER INPATIENT	2	0		1,272.06	.00	.000	636.03	.00
HOSP OUTPATIENT TOTAL	31,068	178,043		4,833,348.21	27.15	.687	155.57	18.66
MEDICAL	9,689	16,131		599,021.75	37.13	.062	61.82	2.31
SURGERY	2,410	2,994		260,591.79	87.04	.012	108.13	1.01
PATHOLOGY	12,856	65,463		790,804.52	12.08	.253	61.51	3.05
RADIOLOGY	7,546	11,690		924,756.66	79.11	.045	122.55	3.57
ROOM USE	15,568	24,891		1,019,654.50	40.96	.096	65.50	3.94
CROSSOVERS/ALL OTH OUTPTNT	12,670	56,874		1,238,518.99	21.78	.220	97.75	4.78
@COUNTY HOSPITAL TOTAL	14,493	68,021	\$	8,606,600.39	\$ 126.53	.263	\$ 593.85	\$ 33.23
CO HOSPITAL INPATIENT TOTAL	1,022	6,410		6,588,996.47	1027.92	.025	6447.16	25.44
HSC HOSPITALS	899	4,924		6,357,679.22	1291.16	.019	7071.95	24.55
NON-HSC HOSPITALS TOTAL	12	281		95,716.70	340.63	.001	7976.39	.37
ACCOMMODATIONS	12	281		61,699.28	219.57	.001	5141.61	.24
ADMINISTRATIVE DAYS	11	279		61,236.68	219.49	.001	5566.97	.24
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	2	462.60	231.30	.000	462.60	.00
ANCILLARIES	12	0	34,017.42	.00	.000	2834.79	.13
INPATIENT CROSSOVERS	114	1,205	135,600.55	112.53	.005	1189.48	.52
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13,959	61,611	2,017,603.92	32.75	.238	144.54	7.79
MEDICAL	6,110	9,559	304,717.39	31.88	.037	49.87	1.18
SURGERY	879	1,112	182,886.31	164.47	.004	208.06	.71
PATHOLOGY	4,858	24,333	281,755.61	11.58	.094	58.00	1.09
RADIOLOGY	2,535	3,841	381,806.53	99.40	.015	150.61	1.47
ROOM USE	8,901	14,667	573,790.30	39.12	.057	64.46	2.22
CROSSOVERS/ALL OTH OUTPTNT	3,131	8,099	292,647.78	36.13	.031	93.47	1.13

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL DISABLED

PAGE 4,707

01/29/04

	258,992 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	21,545	143,691	\$	26,569,267.73	\$ 184.91	.555	\$ 1233.20	\$ 102.59
COMM HOSP INPATIENT TOTAL	4,095	27,259		23,753,523.44	871.40	.105	5800.62	91.72
HSC HOSPITALS	2,045	14,659		16,212,392.64	1105.97	.057	7927.82	62.60
NON-HSC HOSPITALS TOTAL	681	4,201		6,294,366.95	1498.30	.016	9242.83	24.30
ACCOMMODATIONS	679	4,201		1,376,611.67	327.69	.016	2027.41	5.32
ADMINISTRATIVE DAYS	48	262		59,636.31	227.62	.001	1242.42	.23
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	638	3,939		1,316,975.36	334.34	.015	2064.22	5.09
ANCILLARIES	673	0		4,917,755.28	.00	.000	7307.21	18.99
INPATIENT CROSSOVERS	1,439	8,399		1,245,491.79	148.29	.032	865.53	4.81
ALL OTHER INPATIENT	2	0		1,272.06	.00	.000	636.03	.00
COMM HOSP OUTPATIENT TOTAL	18,456	116,432		2,815,744.29	24.18	.450	152.57	10.87
MEDICAL	3,759	6,572		294,304.36	44.78	.025	78.29	1.14
SURGERY	1,540	1,882		77,705.48	41.29	.007	50.46	.30
PATHOLOGY	8,293	41,130		509,048.91	12.38	.159	61.38	1.97
RADIOLOGY	5,158	7,849		542,950.13	69.17	.030	105.26	2.10
ROOM USE	7,228	10,224		445,864.20	43.61	.039	61.69	1.72
CROSSOVERS/ALL OTH OUTPTNT	9,701	48,775		945,871.21	19.39	.188	97.50	3.65
@STATE HOSPITAL	8	39	\$	32,479.89	\$ 832.82	.000	\$ 4059.99	\$.13
MENTALLY ILL	6	0		16,339.53	.00	.000	2723.26	.06
DEVELOP. DISABLED	2	39		16,140.36	413.86	.000	8070.18	.06
@NURSING FACILITY	3,099	84,174	\$	13,777,591.66	\$ 163.68	.325	\$ 4445.82	\$ 53.20
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	9	259		145,860.81	563.17	.001	16206.76	.56
LEV B-SUBACUTE HSPTL BASED	258	8,092		4,232,939.32	523.10	.031	16406.74	16.34
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2,891	75,823		9,398,791.53	123.96	.293	3251.05	36.29
@INTERMEDIATE CARE FACIL.-DD	1,928	58,958	\$	8,978,719.80	\$ 152.29	.228	\$ 4657.01	\$ 34.67
ICF DDH	1,203	36,562		5,031,895.99	137.63	.141	4182.79	19.43
ICF DD	12	365		47,371.58	129.79	.001	3947.63	.18
ICF DDN/DDCN	714	22,031		3,899,452.23	177.00	.085	5461.42	15.06
@HEMODIALYSIS TOTAL	2,626	28,897	\$	2,176,769.27	\$ 75.33	.112	\$ 828.93	\$ 8.40
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2,626	28,897		2,176,769.27	75.33	.112	828.93	8.40
@REHABILITATION FACILITY	71	216	\$	7,765.90	\$ 35.95	.001	\$ 109.38	\$.03
HOSPITAL BASED	66	196		7,323.26	37.36	.001	110.96	.03
INDEPENDENT FACILITY	5	20		442.64	22.13	.000	88.53	.00
@LABORATORY FACILITY	13,571	64,847	\$	853,028.52	\$ 13.15	.250	\$ 62.86	\$ 3.29
PATHOLOGY	12,657	61,480		798,406.64	12.99	.237	63.08	3.08
XO AND OTHERS	965	3,367		54,621.88	16.22	.013	56.60	.21
@ORGANIZED OUTPATIENT CLINIC	24,779	45,282	\$	3,238,147.80	\$ 71.51	.175	\$ 130.68	\$ 12.50
CLINIC	3,634	7,289		200,787.48	27.55	.028	55.25	.78

SURGICENTER	818	2,924	136,085.38	46.54	.011	166.36	.53
HEROIN DETOX CLINIC	42	598	6,815.91	11.40	.002	162.28	.03
RURAL HEALTH CLINIC	20,510	34,471	2,894,459.03	83.97	.133	141.12	11.18

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,708
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
258,992 ELIGIBLES							
@ALL OTHER PROVIDERS	47,049	4,626,724	\$ 11,497,931.40	\$ 2.49	17.864	\$ 244.38	\$ 44.39
DURABLE MED. EQUIP.	4,153	17,207	2,541,780.83	147.72	.066	612.03	9.81
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	371	516	106,387.85	206.18	.002	286.76	.41
MEDICAL TRANSPORTATION	7,471	236,617	1,412,982.49	5.97	.914	189.13	5.46
AMBULANCES/AIR TRANS	5,108	52,670	779,523.51	14.80	.203	152.61	3.01
OTHER TRANS	2,299	176,385	530,647.46	3.01	.681	230.82	2.05
OTHER SERVICES	394	7,562	102,811.52	13.60	.029	260.94	.40
ACUPUNCTURE	37	97	1,767.92	18.23	.000	47.78	.01
ADULT DAY HEALTH CARE CTR	1,600	23,466	1,624,114.06	69.21	.091	1015.07	6.27
GENETIC DISEASE TESTING	94	96	9,966.00	103.81	.000	106.02	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	594	15,803	575,375.07	36.41	.061	968.64	2.22
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7,492	18,058	239,620.01	13.27	.070	31.98	.93
PHYSICAL THERAPIST	98	472	7,072.33	14.98	.002	72.17	.03
PORTABLE X-RAY	53	138	3,443.62	24.95	.001	64.97	.01
PROSTHETIST/ORTHOTISTS	1,353	3,444	331,754.56	96.33	.013	245.20	1.28
PROSTHETICS	1,279	3,314	323,276.38	97.55	.013	252.76	1.25
ORTHOTICS	79	130	8,478.18	65.22	.001	107.32	.03
PSYCHOLOGIST	131	359	11,515.48	32.08	.001	87.90	.04
SPEECH AND AUDIOLOGY	1,862	4,613	241,237.76	52.30	.018	129.56	.93
HOSPICE SERVICES	159	4,000	449,872.57	112.47	.015	2829.39	1.74
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11,269	476,023	2,233,184.22	4.69	1.838	198.17	8.62
EPSDT SUPPLEMENTAL SERVICE	3	1,090	26,788.05	24.58	.004	8929.35	.10
RESPIRATORY CARE PRACT.	3	7	115.31	16.47	.000	38.44	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	15,690	3,824,725	1,681,068.58	.44	14.768	107.14	6.49
@CALIF. CHILDREN SERVICES*	6,320	510,495	\$ 10,219,280.41	\$ 20.02	1.971	\$ 1616.97	\$ 39.46
@XOVER EXCLUDING STATE HOSP**	37,296	505,974	\$ 6,072,397.16	\$ 12.00	1.954	\$ 162.82	\$ 23.45

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,709
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
387,097 ELIGIBLES							
@TOTAL, ALL PROVIDERS	311,631	1,650,680	\$ 75,852,539.68	\$ 45.95	4.264	\$ 243.40	\$ 195.95
@PHYSICIANS SERVICES	42,150	132,246	\$ 7,214,491.45	\$ 54.55	.342	\$ 171.16	\$ 18.64
OUTPATIENT VISITS	26,208	45,258	1,700,016.75	37.56	.117	64.87	4.39
OFFICE VISITS	14,541	18,811	668,346.69	35.53	.049	45.96	1.73
HOME VISITS	60	89	4,440.67	49.90	.000	74.01	.01
EMERGENCY ROOM	8,544	9,577	501,016.33	52.31	.025	58.64	1.29
PREVENTIVE CARE	366	377	14,195.33	37.65	.001	38.79	.04
OB VISITS/COMPRI PERI	3,231	15,449	474,905.72	30.74	.040	146.98	1.23
OTHER OUTPATIENT	841	955	37,112.01	38.86	.002	44.13	.10
INPATIENT VISITS	4,432	19,621	1,781,112.65	90.78	.051	401.88	4.60
HOSPITAL VISITS	3,762	11,433	531,673.33	46.50	.030	141.33	1.37
CRITICAL CARE	849	8,097	1,245,678.20	153.84	.021	1467.23	3.22

SNF/ICF/TRANS IP CARE	23	91	3,761.12	41.33	.000	163.53	.01
OPHTHALMOLOGICAL SERVICES	252	270	13,252.62	49.08	.001	52.59	.03
EXAMINATIONS	248	266	13,150.03	49.44	.001	53.02	.03
SERVICES AND MATERIALS	4	4	102.59	25.65	.000	25.65	.00
INPATIENT HOSPITAL SURGERY	3,793	13,470	1,961,964.21	145.65	.035	517.26	5.07
PRINCIPAL SURGEON	2,858	3,409	1,672,369.06	490.57	.009	585.15	4.32
ASSISTANT SURGEON	275	279	51,060.10	183.01	.001	185.67	.13
ANESTHESIOLOGIST	1,073	9,782	238,535.05	24.39	.025	222.31	.62
OUTPATIENT SURGERY	2,804	6,358	478,198.51	75.21	.016	170.54	1.24
PRINCIPAL SURGEON	2,288	2,879	403,978.46	140.32	.007	176.56	1.04
ASSISTANT SURGEON	21	21	3,796.53	180.79	.000	180.79	.01
ANESTHESIOLOGIST	711	3,458	70,423.52	20.37	.009	99.05	.18
DIALYSIS	94	252	31,453.16	124.81	.001	334.61	.08
PATHOLOGY	5,714	16,328	174,303.36	10.68	.042	30.50	.45
RADIOLOGY	9,152	16,948	648,853.49	38.28	.044	70.90	1.68
PSYCHIATRY	40	66	2,420.08	36.67	.000	60.50	.01

IMMUNIZATION AND INJECTION	1,007	3,330		94,702.96		28.44	.009	94.04	.24
OTHER SERVICES/ALL X-OVERS	4,621	10,345		328,213.66		31.73	.027	71.03	.85
@PHARMACY	49,239	185,842	\$	6,218,636.45	\$	33.46	.480	\$ 126.29	\$ 16.06
PRESCRIPTION DRUGS	48,540	108,861		5,900,097.21		54.20	.281	121.55	15.24
SNF/ICF	166	680		54,739.73		80.50	.002	329.76	.14
OUTPATIENTS	48,403	108,181		5,845,357.48		54.03	.279	120.76	15.10
MEDICAL SUPPLIES	2,075	76,981		318,539.24		4.14	.199	153.51	.82
@DENTIST	87,452	549,365	\$	15,160,164.46	\$	27.60	1.419	\$ 173.35	\$ 39.16
VISITS - DIAGNOSTIC	62,444	376,823		4,152,401.82		11.02	.973	66.50	10.73
ORAL SURGERY	13,755	28,854		1,665,466.55		57.72	.075	121.08	4.30
DRUGS	3,826	4,890		97,102.00		19.86	.013	25.38	.25
ANESTHESIA	1,301	1,317		120,475.00		91.48	.003	92.60	.31
PERIODONTICS	2,970	3,134		436,216.85		139.19	.008	146.87	1.13
ENDODONTICS	8,599	15,383		1,799,750.30		117.00	.040	209.30	4.65
RESTORATIVE DENTISTRY	33,428	104,774		5,949,134.56		56.78	.271	177.97	15.37
PROSTHETICS	198	209		5,400.00		25.84	.001	27.27	.01
DENTURES, STAYPLATES	1,128	4,378		385,656.08		88.09	.011	341.89	1.00
SPACE MAINTAINERS	1,383	1,766		190,609.85		107.93	.005	137.82	.49
MAXILLOFACIAL SERVICES	148	161		14,247.54		88.49	.000	96.27	.04
FRACTURES, DISLOCATIONS	3	4		1,610.00		402.50	.000	536.67	.00
ORTHODONTIC SERVICES	3,566	4,392		329,656.41		75.06	.011	92.44	.85
ALL OTHER SERVICES	2,016	3,280		12,437.50		3.79	.008	6.17	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,710
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								

----- MONTHLY AVERAGE -----									
387,097 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	2,909	7,655	\$ 183,898.86	\$ 24.02	.020	\$ 63.22	\$.48		
DIAGNOSTIC AND ANC. PROCED	2,260	2,284	104,465.85	45.74	.006	46.22	.27		
EYE APPLIANCES	1,748	5,240	74,229.16	14.17	.014	42.47	.19		
OTHER OPTOMETRIC SERVICES	117	131	5,203.85	39.72	.000	44.48	.01		
@CHIROPRACTOR	1,922	2,844	\$ 47,172.94	\$ 16.59	.007	\$ 24.54	\$.12		
VISITS	1,921	2,843	47,156.22	16.59	.007	24.55	.12		
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00		
@PODIATRIST	112	201	\$ 7,380.96	\$ 36.72	.001	\$ 65.90	\$.02		
MEDICINE/INJECTIONS	99	124	4,338.65	34.99	.000	43.82	.01		
SURGERY/ANES.	12	18	572.95	31.83	.000	47.75	.00		
RADIO./PATHOLOGY	13	23	404.82	17.60	.000	31.14	.00		
OTHER	20	36	2,064.54	57.35	.000	103.23	.01		
@HOME HEALTH AGENCY	257	2,949	\$ 128,169.79	\$ 43.46	.008	\$ 498.72	\$.33		
NURSE ANESTHESIST	278	1,445	\$ 30,551.85	\$ 21.14	.004	\$ 109.90	\$.08		
NURSE MIDWIFE	3	5	198.63	39.73	.000	66.21	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	6	9	241.04	26.78	.000	40.17	.00		
@TOTAL HOSPITAL	31,861	134,272	\$ 30,849,921.74	\$ 229.76	.347	\$ 968.27	\$ 79.70		
HOSP INPATIENT TOTAL	4,459	20,741	27,608,617.71	1331.11	.054	6191.66	71.32		
HSC HOSPITALS	3,830	18,084	24,184,924.71	1337.37	.047	6314.60	62.48		
NON-HSC HOSPITAL TOTAL	640	2,640	3,418,912.09	1295.04	.007	5342.05	8.83		
ACCOMMODATIONS	639	2,640	866,113.13	328.07	.007	1355.42	2.24		
ADMINISTRATIVE DAYS	7	34	7,631.89	224.47	.000	1090.27	.02		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	633	2,606	858,481.24	329.42	.007	1356.21	2.22		
ANCILLARIES	638	0	2,552,798.96	.00	.000	4001.25	6.59		
INPATIENT CROSSOVERS	7	17	4,780.91	281.23	.000	682.99	.01		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	29,432	113,531	3,241,304.03	28.55	.293	110.13	8.37		
MEDICAL	5,857	8,280	337,229.20	40.73	.021	57.58	.87		
SURGERY	1,824	2,262	188,273.03	83.23	.006	103.22	.49		
PATHOLOGY	10,637	42,334	469,886.60	11.10	.109	44.17	1.21		

RADIOLOGY	6,285	8,628	588,136.77	68.17	.022	93.58	1.52
ROOM USE	15,837	21,940	934,889.98	42.61	.057	59.03	2.42
CROSSOVERS/ALL OTH OUTPTNT	12,020	30,087	722,888.45	24.03	.078	60.14	1.87
@COUNTY HOSPITAL TOTAL	14,695	58,574	\$ 15,584,664.31	\$ 266.07	.151	\$ 1060.54	\$ 40.26
CO HOSPITAL INPATIENT TOTAL	2,323	10,638	14,073,497.34	1322.95	.027	6058.33	36.36
HSC HOSPITALS	2,323	10,624	14,069,790.16	1324.34	.027	6056.73	36.35
NON-HSC HOSPITALS TOTAL	1	14	3,707.18	264.80	.000	3707.18	.01
ACCOMMODATIONS	1	14	3,238.20	231.30	.000	3238.20	.01
ADMINISTRATIVE DAYS	1	14	3,238.20	231.30	.000	3238.20	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	468.98	.00	.000	468.98	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13,565	47,936	1,511,166.97	31.52	.124	111.40	3.90
MEDICAL	2,692	3,516	133,312.82	37.92	.009	49.52	.34
SURGERY	772	1,053	133,839.60	127.10	.003	173.37	.35
PATHOLOGY	3,898	15,860	162,029.52	10.22	.041	41.57	.42
RADIOLOGY	1,716	2,326	186,412.17	80.14	.006	108.63	.48
ROOM USE	6,912	10,405	457,556.70	43.97	.027	66.20	1.18
CROSSOVERS/ALL OTH OUTPTNT	5,602	14,776	438,016.16	29.64	.038	78.19	1.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,711
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

					----- MONTHLY AVERAGE -----			
387,097 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	17,834	75,698	\$ 15,265,257.43	\$ 201.66	.196	\$ 855.96	\$ 39.44	
COMM HOSP INPATIENT TOTAL	2,157	10,103	13,535,120.37	1339.71	.026	6274.97	34.97	
HSC HOSPITALS	1,524	7,460	10,115,134.55	1355.92	.019	6637.23	26.13	
NON-HSC HOSPITALS TOTAL	639	2,626	3,415,204.91	1300.54	.007	5344.61	8.82	
ACCOMMODATIONS	638	2,626	862,874.93	328.59	.007	1352.47	2.23	
ADMINISTRATIVE DAYS	6	20	4,393.69	219.68	.000	732.28	.01	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	633	2,606	858,481.24	329.42	.007	1356.21	2.22	
ANCILLARIES	637	0	2,552,329.98	.00	.000	4006.80	6.59	
INPATIENT CROSSOVERS	7	17	4,780.91	281.23	.000	682.99	.01	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	16,429	65,595	1,730,137.06	26.38	.169	105.31	4.47	
MEDICAL	3,199	4,764	203,916.38	42.80	.012	63.74	.53	
SURGERY	1,061	1,209	54,433.43	45.02	.003	51.30	.14	
PATHOLOGY	6,857	26,474	307,857.08	11.63	.068	44.90	.80	
RADIOLOGY	4,623	6,302	401,724.60	63.75	.016	86.90	1.04	
ROOM USE	9,193	11,535	477,333.28	41.38	.030	51.92	1.23	
CROSSOVERS/ALL OTH OUTPTNT	6,497	15,311	284,872.29	18.61	.040	43.85	.74	
@STATE HOSPITAL	0	0	.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	23	701	\$ 340,736.45	\$ 486.07	.002	\$ 14814.63	\$.88	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	9	241	142,929.46	593.07	.001	15881.05	.37	
LEV B-SUBACUTE HSPTL BASED	8	308	165,834.11	538.42	.001	20729.26	.43	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	6	152	31,972.88	210.35	.000	5328.81	.08	
@INTERMEDIATE CARE FACIL.-DD	12	363	\$ 66,337.92	\$ 182.75	.001	\$ 5528.16	\$.17	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	12	363	66,337.92	182.75	.001	5528.16	.17	
@HEMODIALYSIS TOTAL	138	5,204	\$ 243,152.05	\$ 46.72	.013	\$ 1761.97	\$.63	

HOSPITAL BASED	8	12		30,535.17	2544.60	.000	3816.90	.08	
HEMODIALYSIS CENTER	130	5,192		212,616.88	40.95	.013	1635.51	.55	
@REHABILITATION FACILITY	42	156	\$	4,815.93	\$ 30.87	.000	\$ 114.67	\$.01	
HOSPITAL BASED	37	84		3,570.30	42.50	.000	96.49	.01	
INDEPENDENT FACILITY	5	72		1,245.63	17.30	.000	249.13	.00	
@LABORATORY FACILITY	8,116	29,226	\$	395,035.61	\$ 13.52	.076	\$ 48.67	\$ 1.02	
PATHOLOGY	8,105	29,198		394,708.13	13.52	.075	48.70	1.02	
XO AND OTHERS	12	28		327.48	11.70	.000	27.29	.00	
@ORGANIZED OUTPATIENT CLINIC	88,519	142,191	\$	11,268,882.00	\$ 79.25	.367	\$ 127.30	\$ 29.11	
CLINIC	2,530	6,485		187,858.41	28.97	.017	74.25	.49	
SURGICENTER	80	423		13,707.86	32.41	.001	171.35	.04	
HEROIN DETOX CLINIC	7	93		1,023.50	11.01	.000	146.21	.00	
RURAL HEALTH CLINIC	85,966	135,190		11,066,292.23	81.86	.349	128.73	28.59	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,712
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
387,097 ELIGIBLES							
@ALL OTHER PROVIDERS	65,788	456,006	\$ 3,692,751.55	\$ 8.10	1.178	\$ 56.13	\$ 9.54
DURABLE MED. EQUIP.	351	846	85,830.90	101.45	.002	244.53	.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	110.19	55.10	.000	110.19	.00
MEDICAL TRANSPORTATION	2,186	53,514	715,726.08	13.37	.138	327.41	1.85
AMBULANCES/AIR TRANS	2,146	35,709	485,157.02	13.59	.092	226.08	1.25
OTHER TRANS	41	17,687	30,122.75	1.70	.046	734.70	.08
OTHER SERVICES	110	118	200,446.31	1698.70	.000	1822.24	.52
ACUPUNCTURE	16	68	1,181.34	17.37	.000	73.83	.00
ADULT DAY HEALTH CARE CTR	15	92	6,287.28	68.34	.000	419.15	.02
GENETIC DISEASE TESTING	2,240	2,243	231,044.25	103.01	.006	103.14	.60
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13,105	27,943	269,006.93	9.63	.072	20.53	.69
PHYSICAL THERAPIST	63	188	8,204.00	43.64	.000	130.22	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	482	1,137	87,936.18	77.34	.003	182.44	.23
PROSTHETICS	281	875	66,066.22	75.50	.002	235.11	.17
ORTHOTICS	253	262	21,869.96	83.47	.001	86.44	.06
PSYCHOLOGIST	374	1,982	127,763.37	64.46	.005	341.61	.33
SPEECH AND AUDIOLOGY	214	762	33,749.82	44.29	.002	157.71	.09
HOSPICE SERVICES	6	142	16,279.89	114.65	.000	2713.32	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	47,214	229,758	2,054,091.75	8.94	.594	43.51	5.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	268	137,329	55,539.57	.40	.355	207.24	.14
@CALIF. CHILDREN SERVICES*	7,744	127,464	\$ 17,518,202.40	\$ 137.44	.329	\$ 2262.16	\$ 45.26
@XOVER EXCLUDING STATE HOSP**	301	8,569	\$ 44,680.65	\$ 5.21	.022	\$ 148.44	\$.12

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,713
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT								

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
31,663 ELIGIBLES							
@TOTAL, ALL PROVIDERS	16,838	138,273	\$ 5,272,915.99	\$ 38.13	4.367	\$ 313.16	\$ 166.53
@PHYSICIANS SERVICES	4,026	10,622	\$ 522,139.60	\$ 49.16	.335	\$ 129.69	\$ 16.49

OUTPATIENT VISITS	2,804	4,549	166,454.71	36.59	.144	59.36	5.26
OFFICE VISITS	1,789	2,215	75,826.06	34.23	.070	42.38	2.39
HOME VISITS	1	1	25.20	25.20	.000	25.20	.00
EMERGENCY ROOM	722	791	40,492.53	51.19	.025	56.08	1.28
PREVENTIVE CARE	19	22	793.36	36.06	.001	41.76	.03
OB VISITS/COMPRE PERI	326	1,450	46,897.40	32.34	.046	143.86	1.48
OTHER OUTPATIENT	67	70	2,420.16	34.57	.002	36.12	.08
INPATIENT VISITS	361	1,497	126,216.90	84.31	.047	349.63	3.99
HOSPITAL VISITS	266	650	31,498.31	48.46	.021	118.41	.99
CRITICAL CARE	60	700	89,511.41	127.87	.022	1491.86	2.83
SNF/ICF/TRANS IP CARE	47	147	5,207.18	35.42	.005	110.79	.16
OPHTHALMOLOGICAL SERVICES	27	32	1,432.16	44.76	.001	53.04	.05
EXAMINATIONS	27	32	1,432.16	44.76	.001	53.04	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	238	897	116,617.04	130.01	.028	489.99	3.68
PRINCIPAL SURGEON	167	232	95,742.08	412.68	.007	573.31	3.02
ASSISTANT SURGEON	14	16	3,121.12	195.07	.001	222.94	.10
ANESTHESIOLOGIST	81	649	17,753.84	27.36	.020	219.18	.56
OUTPATIENT SURGERY	186	441	26,446.66	59.97	.014	142.19	.84
PRINCIPAL SURGEON	148	179	20,483.01	114.43	.006	138.40	.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	56	262	5,963.65	22.76	.008	106.49	.19
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	449	1,060	11,703.87	11.04	.033	26.07	.37
RADIOLOGY	734	1,202	45,093.80	37.52	.038	61.44	1.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	74	252	2,980.42	11.83	.008	40.28	.09
OTHER SERVICES/ALL X-OVERS	344	692	25,194.04	36.41	.022	73.24	.80
@PHARMACY	6,186	19,352	\$ 603,170.43	\$ 31.17	.611	\$ 97.51	\$ 19.05
PRESCRIPTION DRUGS	6,130	13,769	583,804.24	42.40	.435	95.24	18.44
SNF/ICF	94	838	53,013.08	63.26	.026	563.97	1.67
OUTPATIENTS	6,040	12,931	530,791.16	41.05	.408	87.88	16.76
MEDICAL SUPPLIES	202	5,583	19,366.19	3.47	.176	95.87	.61
@DENTIST	2,213	14,822	\$ 383,012.35	\$ 25.84	.468	\$ 173.07	\$ 12.10
VISITS - DIAGNOSTIC	1,687	10,359	121,255.35	11.71	.327	71.88	3.83
ORAL SURGERY	315	662	42,233.20	63.80	.021	134.07	1.33
DRUGS	127	176	3,470.00	19.72	.006	27.32	.11
ANESTHESIA	40	44	3,800.00	86.36	.001	95.00	.12
PERIODONTICS	24	24	3,156.00	131.50	.001	131.50	.10
ENDODONTICS	208	411	45,186.00	109.94	.013	217.24	1.43
RESTORATIVE DENTISTRY	831	2,829	146,363.10	51.74	.089	176.13	4.62
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	3	14	957.00	68.36	.000	319.00	.03
SPACE MAINTAINERS	37	52	5,680.00	109.23	.002	153.51	.18
MAXILLOFACIAL SERVICES	5	4	200.00	50.00	.000	40.00	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	123	162	10,356.70	63.93	.005	84.20	.33
ALL OTHER SERVICES	71	84	325.00	3.87	.003	4.58	.01

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

PAGE 4,714

01/29/04

	31,663 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	361	852	\$	22,134.61	\$ 25.98	.027	\$ 61.31	\$.70
DIAGNOSTIC AND ANC. PROCED	298	300		13,790.10	45.97	.009	46.28	.44
EYE APPLIANCES	195	544		8,074.39	14.84	.017	41.41	.26
OTHER OPTOMETRIC SERVICES	8	8		270.12	33.77	.000	33.77	.01
@CHIROPRACTOR	57	90	\$	1,483.90	\$ 16.49	.003	\$ 26.03	\$.05
VISITS	57	90		1,483.90	16.49	.003	26.03	.05

OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	17	25	\$	996.99	\$	39.88	.001	\$ 58.65	\$	.03
MEDICINE/INJECTIONS	16	22		860.75		39.13	.001	53.80		.03
SURGERY/ANES.	1	2		116.90		58.45	.000	116.90		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	1	1		19.34		19.34	.000	19.34		.00
@HOME HEALTH AGENCY	12	25	\$	1,603.12	\$	64.12	.001	\$ 133.59	\$	.05
NURSE ANESTHESIST	18	87	\$	2,098.64	\$	24.12	.003	\$ 116.59	\$	.07
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$	.00
@TOTAL HOSPITAL	2,909	10,985	\$	2,255,218.01	\$	205.30	.347	\$ 775.26	\$	71.23
HOSP INPATIENT TOTAL	317	1,534		1,994,315.13		1300.08	.048	6291.21		62.99
HSC HOSPITALS	260	1,290		1,745,947.87		1353.45	.041	6715.18		55.14
NON-HSC HOSPITAL TOTAL	59	244		248,367.26		1017.90	.008	4209.61		7.84
ACCOMMODATIONS	59	244		80,644.83		330.51	.008	1366.86		2.55

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	59	244	80,644.83	330.51	.008	1366.86	2.55
ANCILLARIES	59	0	167,722.43	.00	.000	2842.75	5.30
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,704	9,451	260,902.88	27.61	.298	96.49	8.24
MEDICAL	510	654	21,531.29	32.92	.021	42.22	.68
SURGERY	184	239	15,499.62	64.85	.008	84.24	.49
PATHOLOGY	977	3,410	35,838.45	10.51	.108	36.68	1.13
RADIOLOGY	574	771	44,486.94	57.70	.024	77.50	1.41
ROOM USE	1,649	2,248	96,058.67	42.73	.071	58.25	3.03
CROSSOVERS/ALL OTH OUTPTNT	899	2,129	47,487.91	22.31	.067	52.82	1.50
@COUNTY HOSPITAL TOTAL	1,453	5,464	\$ 1,034,558.34	\$ 189.34	.173	\$ 712.02	\$ 32.67
CO HOSPITAL INPATIENT TOTAL	163	688	888,351.38	1291.21	.022	5450.01	28.06
HSC HOSPITALS	163	688	888,351.38	1291.21	.022	5450.01	28.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,356	4,776	146,206.96	30.61	.151	107.82	4.62
MEDICAL	245	303	9,451.38	31.19	.010	38.58	.30
SURGERY	89	138	11,808.22	85.57	.004	132.68	.37
PATHOLOGY	404	1,543	14,791.49	9.59	.049	36.61	.47
RADIOLOGY	204	286	20,294.27	70.96	.009	99.48	.64
ROOM USE	853	1,283	57,596.47	44.89	.041	67.52	1.82
CROSSOVERS/ALL OTH OUTPTNT	448	1,223	32,265.13	26.38	.039	72.02	1.02

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

PAGE 4,715 01/29/04

	31,663 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,518	5,521	\$	1,220,659.67	\$ 221.09	.174	\$ 804.12	\$ 38.55
COMM HOSP INPATIENT TOTAL	155	846		1,105,963.75	1307.29	.027	7135.25	34.93
HSC HOSPITALS	98	602		857,596.49	1424.58	.019	8750.98	27.09
NON-HSC HOSPITALS TOTAL	59	244		248,367.26	1017.90	.008	4209.61	7.84
ACCOMMODATIONS	59	244		80,644.83	330.51	.008	1366.86	2.55
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	59	244		80,644.83	330.51	.008	1366.86	2.55
ANCILLARIES	59	0		167,722.43	.00	.000	2842.75	5.30
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,404	4,675		114,695.92	24.53	.148	81.69	3.62
MEDICAL	267	351		12,079.91	34.42	.011	45.24	.38
SURGERY	96	101		3,691.40	36.55	.003	38.45	.12
PATHOLOGY	582	1,867		21,046.96	11.27	.059	36.16	.66
RADIOLOGY	379	485		24,192.67	49.88	.015	63.83	.76
ROOM USE	821	965		38,462.20	39.86	.030	46.85	1.21
CROSSOVERS/ALL OTH OUTPTNT	460	906		15,222.78	16.80	.029	33.09	.48
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	74	3,265	\$	732,287.75	\$ 224.28	.103	\$ 9895.78	\$ 23.13
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	16	814	430,042.87	528.31	.026	26877.68	13.58
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	58	2,451	302,244.88	123.31	.077	5211.12	9.55
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	46	\$ 1,423.80	\$ 30.95	.001	\$ 284.76	\$.04
HOSPITAL BASED	3	36	1,208.74	33.58	.001	402.91	.04
INDEPENDENT FACILITY	2	10	215.06	21.51	.000	107.53	.01
@LABORATORY FACILITY	1,102	3,138	\$ 37,791.19	\$ 12.04	.099	\$ 34.29	\$ 1.19
PATHOLOGY	1,102	3,138	37,791.19	12.04	.099	34.29	1.19
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3,782	6,125	\$ 523,287.83	\$ 85.43	.193	\$ 138.36	\$ 16.53
CLINIC	365	813	21,807.07	26.82	.026	59.75	.69
SURGICENTER	2	13	446.09	34.31	.000	223.05	.01
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,422	5,299	501,034.67	94.55	.167	146.42	15.82
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,716
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT						

	31,663 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,273	68,839	\$	186,267.77	\$ 2.71	2.174	\$ 146.32	\$ 5.88
DURABLE MED. EQUIP.	49	121		14,628.05	120.89	.004	298.53	.46
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		513.77	513.77	.000	513.77	.02
MEDICAL TRANSPORTATION	208	2,876		66,517.41	23.13	.091	319.80	2.10
AMBULANCES/AIR TRANS	204	2,846		45,336.74	15.93	.090	222.24	1.43
OTHER TRANS	3	18		105.67	5.87	.001	35.22	.00
OTHER SERVICES	12	12		21,075.00	1756.25	.000	1756.25	.67
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	28		1,930.25	68.94	.001	482.56	.06
GENETIC DISEASE TESTING	144	144		14,851.00	103.13	.005	103.13	.47
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	401	884		8,309.44	9.40	.028	20.72	.26
PHYSICAL THERAPIST	1	1		88.69	88.69	.000	88.69	.00
PORTABLE X-RAY	1	4		135.30	33.83	.000	135.30	.00
PROSTHETIST/ORTHOTISTS	32	69		5,570.14	80.73	.002	174.07	.18
PROSTHETICS	23	55		4,407.75	80.14	.002	191.64	.14
ORTHOTICS	13	14		1,162.39	83.03	.000	89.41	.04
PSYCHOLOGIST	10	34		1,328.74	39.08	.001	132.87	.04
SPEECH AND AUDIOLOGY	20	92		3,086.58	33.55	.003	154.33	.10
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	381	4,386		32,536.33	7.42	.139	85.40	1.03
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	70	60,199		36,772.07	.61	1.901	525.32	1.16
@CALIF. CHILDREN SERVICES*	399	10,300	\$	1,443,692.28	\$ 140.16	.325	\$ 3618.28	\$ 45.60
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;								

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,717
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9	275	\$ 10,284.84	\$ 37.40	91.667	\$ 1142.76	\$ 3428.28
@PHYSICIANS SERVICES	7	199	\$ 2,481.28	\$ 12.47	66.333	\$ 354.47	\$ 827.09
OUTPATIENT VISITS	2	2	61.50	30.75	.667	30.75	20.50
OFFICE VISITS	2	2	61.50	30.75	.667	30.75	20.50
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	152	1,839.40	12.10	50.667	367.88	613.13
HOSPITAL VISITS	4	150	1,765.00	11.77	50.000	441.25	588.33
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	2	2	74.40	37.20	.667	37.20	24.80
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	.00	.00	.333	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	40	512.06	12.80	13.333	512.06	170.69
OTHER SERVICES/ALL X-OVERS	2	4	68.32	17.08	1.333	34.16	22.77
@PHARMACY	4	63	\$ 4,258.55	\$ 67.60	21.000	\$ 1064.64	\$ 1419.52
PRESCRIPTION DRUGS	4	62	4,199.49	67.73	20.667	1049.87	1399.83
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	4	62	4,199.49	67.73	20.667	1049.87	1399.83
MEDICAL SUPPLIES	1	1	59.06	59.06	.333	59.06	19.69
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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KERN COUNTY

SUMMARY OF SERVICES FOR RENAL DIALYSIS

AID CODES 71

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1	3	\$ 390.99	\$ 130.33	1.000	\$ 390.99	\$ 130.33
HOSP INPATIENT TOTAL	1	3	390.99	130.33	1.000	390.99	130.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	3	390.99	130.33	1.000	390.99	130.33
ACCOMMODATIONS	1	3	51.89	17.30	1.000	51.89	17.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	51.89	17.30	1.000	51.89	17.30
ANCILLARIES	1	0	339.10	.00	.000	339.10	113.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	3	\$ 390.99	\$ 130.33	1.000	\$ 390.99	\$ 130.33
COMM HOSP INPATIENT TOTAL	1	3	390.99	130.33	1.000	390.99	130.33
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	3	390.99	130.33	1.000	390.99	130.33
ACCOMMODATIONS	1	3	51.89	17.30	1.000	51.89	17.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	51.89	17.30	1.000	51.89	17.30
ANCILLARIES	1	0	339.10	.00	.000	339.10	113.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	7	\$ 3,132.33	\$ 447.48	2.333	\$ 3132.33	\$ 1044.11
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	7	3,132.33	447.48	2.333	3132.33	1044.11
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	3	\$ 21.69	\$ 7.23	1.000	\$ 21.69	\$ 7.23
PATHOLOGY	1	3	21.69	7.23	1.000	21.69	7.23
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,720
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	1	9	\$	3,189.49	\$	354.39	3.000	\$ 3189.49 \$ 1063.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,721
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,722
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,723
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,724

MOP024
KERN COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
MOP024 FEE-FOR-SERVICE/DENTAL
KERN COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS

PAGE 4,725
01/29/04

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,726
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,727
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,728
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,729
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F	

18,793 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,099	40,324	\$ 4,950,885.34	\$ 122.78	2.146	\$ 811.75	\$ 263.44
@PHYSICIANS SERVICES	2,183	9,538	\$ 574,447.93	\$ 60.23	.508	\$ 263.15	\$ 30.57
OUTPATIENT VISITS	933	3,145	99,968.47	31.79	.167	107.15	5.32
OFFICE VISITS	111	168	6,221.27	37.03	.009	56.05	.33
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	461	519	33,980.76	65.47	.028	73.71	1.81

PREVENTIVE CARE	2	2	103.42	51.71	.000	51.71	.01
OB VISITS/COMPRE PERI	395	2,448	59,348.11	24.24	.130	150.25	3.16
OTHER OUTPATIENT	8	8	314.91	39.36	.000	39.36	.02
INPATIENT VISITS	494	1,725	104,163.78	60.38	.092	210.86	5.54
HOSPITAL VISITS	461	1,368	60,703.99	44.37	.073	131.68	3.23
CRITICAL CARE	44	334	42,617.45	127.60	.018	968.58	2.27
SNF/ICF/TRANS IP CARE	9	23	842.34	36.62	.001	93.59	.04
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	542	1,619	277,219.07	171.23	.086	511.47	14.75
PRINCIPAL SURGEON	416	447	240,606.35	538.27	.024	578.38	12.80
ASSISTANT SURGEON	29	30	6,718.72	223.96	.002	231.68	.36
ANESTHESIOLOGIST	147	1,142	29,894.00	26.18	.061	203.36	1.59
OUTPATIENT SURGERY	92	185	11,211.57	60.60	.010	121.86	.60
PRINCIPAL SURGEON	74	93	8,638.42	92.89	.005	116.74	.46

ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	.01
ANESTHESIOLOGIST	22	91	2,386.65	26.23	.005	108.48	.13
DIALYSIS	22	108	5,663.33	52.44	.006	257.42	.30
PATHOLOGY	264	768	9,727.55	12.67	.041	36.85	.52
RADIOLOGY	557	1,478	54,831.13	37.10	.079	98.44	2.92
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	12	64	805.45	12.59	.003	67.12	.04
OTHER SERVICES/ALL X-OVERS	206	446	10,857.58	24.34	.024	52.71	.58
@PHARMACY	2,153	5,471	\$ 272,648.32	\$ 49.84	.291	\$ 126.64	\$ 14.51
PRESCRIPTION DRUGS	2,120	5,138	261,567.09	50.91	.273	123.38	13.92
SNF/ICF	29	203	14,019.68	69.06	.011	483.44	.75
OUTPATIENTS	2,094	4,935	247,547.41	50.16	.263	118.22	13.17
MEDICAL SUPPLIES	113	333	11,081.23	33.28	.018	98.06	.59
@DENTIST	56	197	\$ 2,186.25	\$ 11.10	.010	\$ 39.04	\$.12
VISITS - DIAGNOSTIC	45	137	836.00	6.10	.007	18.58	.04
ORAL SURGERY	23	33	995.25	30.16	.002	43.27	.05
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.000	.00	.00
ENDODONTICS	1	2	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	10	16	355.00	22.19	.001	35.50	.02
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	4	4	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,730
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KERN COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

18,793 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	25	\$ 1,814.22	\$ 72.57	.001	\$ 1814.22	\$.10
NURSE ANESTHESIST	8	125	\$ 1,253.24	\$ 10.03	.007	\$ 156.66	\$.07
NURSE MIDWIFE	1	1	\$ 544.28	\$ 544.28	.000	\$ 544.28	\$.03
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	1	1	\$ 126.31	\$ 126.31	.000	\$ 126.31	\$.01
@TOTAL HOSPITAL	2,149	12,216	\$ 3,443,553.45	\$ 281.89	.650	\$ 1602.40	\$ 183.24
HOSP INPATIENT TOTAL	615	2,703	3,191,583.55	1180.76	.144	5189.57	169.83
HSC HOSPITALS	587	2,498	3,022,388.34	1209.92	.133	5148.87	160.83
NON-HSC HOSPITAL TOTAL	25	174	166,396.27	956.30	.009	6655.85	8.85
ACCOMMODATIONS	25	174	49,435.89	284.11	.009	1977.44	2.63
ADMINISTRATIVE DAYS	1	25	5,782.50	231.30	.001	5782.50	.31
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	149	43,653.39	292.98	.008	1818.89	2.32
ANCILLARIES	25	0	116,960.38	.00	.000	4678.42	6.22

INPATIENT CROSSOVERS	4	31	2,798.94	90.29	.002	699.74	.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,882	9,513	251,969.90	26.49	.506	133.88	13.41
MEDICAL	99	123	4,332.96	35.23	.007	43.77	.23
SURGERY	104	184	7,385.88	40.14	.010	71.02	.39
PATHOLOGY	797	3,671	38,421.94	10.47	.195	48.21	2.04
RADIOLOGY	379	485	38,613.69	79.62	.026	101.88	2.05
ROOM USE	937	1,535	70,965.75	46.23	.082	75.74	3.78
CROSSOVERS/ALL OTH OUTPTNT	1,047	3,515	92,249.68	26.24	.187	88.11	4.91
@COUNTY HOSPITAL TOTAL	1,414	8,368	\$ 2,125,450.67	\$ 254.00	.445	\$ 1503.15	\$ 113.10
CO HOSPITAL INPATIENT TOTAL	391	1,535	1,942,845.47	1265.70	.082	4968.91	103.38
HSC HOSPITALS	390	1,507	1,935,536.86	1284.36	.080	4962.92	102.99
NON-HSC HOSPITALS TOTAL	1	25	6,496.61	259.86	.001	6496.61	.35
ACCOMMODATIONS	1	25	5,782.50	231.30	.001	5782.50	.31
ADMINISTRATIVE DAYS	1	25	5,782.50	231.30	.001	5782.50	.31
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	714.11	.00	.000	714.11	.04
INPATIENT CROSSOVERS	1	3	812.00	270.67	.000	812.00	.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,259	6,833	182,605.20	26.72	.364	145.04	9.72
MEDICAL	50	58	2,128.68	36.70	.003	42.57	.11
SURGERY	77	151	6,066.88	40.18	.008	78.79	.32
PATHOLOGY	538	2,571	26,787.68	10.42	.137	49.79	1.43
RADIOLOGY	176	230	22,222.96	96.62	.012	126.27	1.18
ROOM USE	629	1,098	53,088.79	48.35	.058	84.40	2.82
CROSSOVERS/ALL OTH OUTPTNT	715	2,725	72,310.21	26.54	.145	101.13	3.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,731
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F						

	18,793 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	779	3,848	\$	1,318,102.78	\$ 342.54	.205	\$ 1692.04	\$ 70.14
COMM HOSP INPATIENT TOTAL	230	1,168		1,248,738.08	1069.13	.062	5429.30	66.45
HSC HOSPITALS	203	991		1,086,851.48	1096.72	.053	5353.95	57.83
NON-HSC HOSPITALS TOTAL	24	149		159,899.66	1073.15	.008	6662.49	8.51
ACCOMMODATIONS	24	149		43,653.39	292.98	.008	1818.89	2.32
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	24	149		43,653.39	292.98	.008	1818.89	2.32
ANCILLARIES	24	0		116,246.27	.00	.000	4843.59	6.19
INPATIENT CROSSOVERS	3	28		1,986.94	70.96	.001	662.31	.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	652	2,680		69,364.70	25.88	.143	106.39	3.69
MEDICAL	49	65		2,204.28	33.91	.003	44.99	.12
SURGERY	27	33		1,319.00	39.97	.002	48.85	.07
PATHOLOGY	266	1,100		11,634.26	10.58	.059	43.74	.62
RADIOLOGY	205	255		16,390.73	64.28	.014	79.95	.87
ROOM USE	319	437		17,876.96	40.91	.023	56.04	.95
CROSSOVERS/ALL OTH OUTPTNT	342	790		19,939.47	25.24	.042	58.30	1.06
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	20	587	\$	68,023.54	\$ 115.88	.031	\$ 3401.18	\$ 3.62
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

LEV B-REGULAR	20	587		68,023.54		115.88	.031	3401.18		3.62
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	27	1,898	\$	75,486.47	\$	39.77	.101	2795.80	\$	4.02
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	27	1,898		75,486.47		39.77	.101	2795.80		4.02
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	471	1,530	\$	20,240.12	\$	13.23	.081	42.97	\$	1.08
PATHOLOGY	470	1,529		20,180.62		13.20	.081	42.94		1.07
XO AND OTHERS	1	1		59.50		59.50	.000	59.50		.00
@ORGANIZED OUTPATIENT CLINIC	1,832	4,494	\$	406,260.30	\$	90.40	.239	221.76	\$	21.62
CLINIC	112	450		14,614.29		32.48	.024	130.48		.78
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1,722	4,044		391,646.01		96.85	.215	227.44		20.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									PAGE 4,732
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F									

	18,793 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	478	4,241	\$	84,300.91	\$ 19.88	.226	\$ 176.36	\$ 4.49
DURABLE MED. EQUIP.	17	27		3,414.97	126.48	.001	200.88	.18
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	163	2,644		45,738.01	17.30	.141	280.60	2.43
AMBULANCES/AIR TRANS	161	2,471		32,239.00	13.05	.131	200.24	1.72
OTHER TRANS	2	166		899.01	5.42	.009	449.51	.05
OTHER SERVICES	7	7		12,600.00	1800.00	.000	1800.00	.67
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	247	248		25,675.25	103.53	.013	103.95	1.37
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	2	7		246.31	35.19	.000	123.16	.01
PORTABLE X-RAY	1	2		34.60	17.30	.000	34.60	.00
PROSTHETIST/ORTHOTISTS	56	137		6,556.28	47.86	.007	117.08	.35
PROSTHETICS	23	91		2,524.55	27.74	.005	109.76	.13
ORTHOTICS	44	46		4,031.73	87.65	.002	91.63	.21
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	1	16		1,845.12	115.32	.001	1845.12	.10
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	1,160		790.37	.68	.062	56.46	.04
@CALIF. CHILDREN SERVICES*	84	972	\$	451,068.24	\$ 464.06	.052	\$ 5369.86	\$ 24.00
@XOVER EXCLUDING STATE HOSP**	28	150	\$	4,313.91	\$ 28.76	.008	\$ 154.07	\$.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,733
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04

KERN COUNTY

SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	51	3,283	\$ 36,896.33	\$ 11.24	142.739	\$ 723.46	\$ 1604.19
@PHYSICIANS SERVICES	12	61	\$ 3,204.02	\$ 52.52	2.652	\$ 267.00	\$ 139.31
OUTPATIENT VISITS	7	13	684.44	52.65	.565	97.78	29.76
OFFICE VISITS	5	9	399.30	44.37	.391	79.86	17.36
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	285.14	71.29	.174	95.05	12.40
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	6	323.33	53.89	.261	107.78	14.06
HOSPITAL VISITS	3	6	323.33	53.89	.261	107.78	14.06
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	81.91	81.91	.043	81.91	3.56
PRINCIPAL SURGEON	1	1	81.91	81.91	.043	81.91	3.56
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	202.25	33.71	.261	101.13	8.79
RADIOLOGY	7	15	865.20	57.68	.652	123.60	37.62
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	20	1,046.89	52.34	.870	209.38	45.52
@PHARMACY	27	2,919	\$ 13,144.77	\$ 4.50	126.913	\$ 486.84	\$ 571.51
PRESCRIPTION DRUGS	24	95	10,673.73	112.36	4.130	444.74	464.08
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	24	95	10,673.73	112.36	4.130	444.74	464.08
MEDICAL SUPPLIES	17	2,824	2,471.04	.88	122.783	145.36	107.44
@DENTIST	10	51	\$ 747.00	\$ 14.65	2.217	\$ 74.70	\$ 32.48
VISITS - DIAGNOSTIC	10	44	386.00	8.77	1.913	38.60	16.78
ORAL SURGERY	2	2	130.00	65.00	.087	65.00	5.65
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	5	231.00	46.20	.217	77.00	10.04
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR REFUGEES

MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

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23 ELIGIBLES

USERS

UNITS OF SERVICE
OR DAYS OF CARE

EXPENDITURES

AVERAGE COST
PER UNIT/DAYMONTHLY AVERAGE
UNITS/DAYS
PER ELIGCOST PER
USERCOST PER
ELIGIBLE

@OPTOMETRIST	5	14	\$	313.50	\$	22.39	.609	\$	62.70	\$	13.63
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.130		47.45		6.19
EYE APPLIANCES	3	11		171.15		15.56	.478		57.05		7.44
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	10	88	\$	16,854.66	\$	191.53	3.826	\$	1685.47	\$	732.81
HOSP INPATIENT TOTAL	2	7		15,074.17		2153.45	.304		7537.09		655.40
HSC HOSPITALS	1	5		7,500.00		1500.00	.217		7500.00		326.09
NON-HSC HOSPITAL TOTAL	1	2		7,574.17		3787.09	.087		7574.17		329.31
ACCOMMODATIONS	1	2		1,300.00		650.00	.087		1300.00		56.52
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		1,300.00		650.00	.087		1300.00		56.52
ANCILLARIES	1	0		6,274.17		.00	.000		6274.17		272.79
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9	81		1,780.49		21.98	3.522		197.83		77.41
MEDICAL	2	3		38.33		12.78	.130		19.17		1.67
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	59		672.17		11.39	2.565		134.43		29.22
RADIOLOGY	4	5		702.97		140.59	.217		175.74		30.56
ROOM USE	2	3		99.71		33.24	.130		49.86		4.34
CROSSOVERS/ALL OTH OUTPTNT	3	11		267.31		24.30	.478		89.10		11.62
@COUNTY HOSPITAL TOTAL	4	23	\$	759.21	\$	33.01	1.000	\$	189.80	\$	33.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	23		759.21		33.01	1.000		189.80		33.01
MEDICAL	1	1		17.93		17.93	.043		17.93		.78
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	12		119.40		9.95	.522		119.40		5.19
RADIOLOGY	1	1		375.14		375.14	.043		375.14		16.31
ROOM USE	1	1		31.29		31.29	.043		31.29		1.36
CROSSOVERS/ALL OTH OUTPTNT	2	8		215.45		26.93	.348		107.73		9.37

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,735
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	65	\$ 16,095.45	\$ 247.62	2.826	\$ 2682.58	\$ 699.80
COMM HOSP INPATIENT TOTAL	2	7	15,074.17	2153.45	.304	7537.09	655.40
HSC HOSPITALS	1	5	7,500.00	1500.00	.217	7500.00	326.09
NON-HSC HOSPITALS TOTAL	1	2	7,574.17	3787.09	.087	7574.17	329.31
ACCOMMODATIONS	1	2	1,300.00	650.00	.087	1300.00	56.52
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	1,300.00	650.00	.087	1300.00	56.52
ANCILLARIES	1	0	6,274.17	.00	.000	6274.17	272.79
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	58	1,021.28	17.61	2.522	204.26	44.40
MEDICAL	1	2	20.40	10.20	.087	20.40	.89
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	47	552.77	11.76	2.043	138.19	24.03
RADIOLOGY	3	4	327.83	81.96	.174	109.28	14.25
ROOM USE	1	2	68.42	34.21	.087	68.42	2.97

CROSSOVERS/ALL OTH OUTPTNT	1	3		51.86		17.29	.130	51.86	2.25	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	1	1	\$	14.07	\$	14.07	.043	\$ 14.07	\$.61	
PATHOLOGY	1	1		14.07		14.07	.043	14.07	.61	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	15	23	\$	1,885.83	\$	81.99	1.000	\$ 125.72	\$ 81.99	
CLINIC	0	0		.00		.00	.000	.00	.00	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	15	23		1,885.83		81.99	1.000	125.72	81.99	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									PAGE 4,736
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR REFUGEES									
	AID CODES 01 02 08 0A									

23 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	126	\$ 732.48	\$ 5.81	5.478	\$ 104.64	\$ 31.85
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	116	545.30	4.70	5.043	272.65	23.71
AMBULANCES/AIR TRANS	2	116	545.30	4.70	5.043	272.65	23.71
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	10	187.18	18.72	.435	37.44	8.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,737
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL	AID CODES 0M 0N 0P

765 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	982	17,931	\$ 1,069,020.06	\$ 59.62	23.439	\$ 1088.62	\$ 1397.41
@PHYSICIANS SERVICES	504	8,433	\$ 442,625.25	\$ 52.49	11.024	\$ 878.22	\$ 578.60
OUTPATIENT VISITS	263	386	15,363.49	39.80	.505	58.42	20.08
OFFICE VISITS	215	320	11,456.14	35.80	.418	53.28	14.98
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	51	56	3,681.35	65.74	.073	72.18	4.81
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	10	226.00	22.60	.013	28.25	.30
INPATIENT VISITS	35	119	5,573.75	46.84	.156	159.25	7.29
HOSPITAL VISITS	34	115	5,162.51	44.89	.150	151.84	6.75
CRITICAL CARE	1	3	364.80	121.60	.004	364.80	.48
SNF/ICF/TRANS IP CARE	1	1	46.44	46.44	.001	46.44	.06
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.06
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	48	303	15,830.51	52.25	.396	329.80	20.69
PRINCIPAL SURGEON	27	40	10,998.40	274.96	.052	407.35	14.38
ASSISTANT SURGEON	1	1	134.77	134.77	.001	134.77	.18
ANESTHESIOLOGIST	21	262	4,697.34	17.93	.342	223.68	6.14
OUTPATIENT SURGERY	67	231	12,712.69	55.03	.302	189.74	16.62
PRINCIPAL SURGEON	41	45	8,809.64	195.77	.059	214.87	11.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	31	186	3,903.05	20.98	.243	125.90	5.10
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	74	244	6,718.81	27.54	.319	90.79	8.78
RADIOLOGY	240	2,469	196,681.91	79.66	3.227	819.51	257.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	107	4,140	174,168.78	42.07	5.412	1627.75	227.67
OTHER SERVICES/ALL X-OVERS	145	540	15,528.87	28.76	.706	107.10	20.30
@PHARMACY	584	1,986	\$ 152,775.97	\$ 76.93	2.596	\$ 261.60	\$ 199.71
PRESCRIPTION DRUGS	582	1,857	150,967.91	81.30	2.427	259.40	197.34
SNF/ICF	5	57	4,406.44	77.31	.075	881.29	5.76
OUTPATIENTS	578	1,800	146,561.47	81.42	2.353	253.57	191.58
MEDICAL SUPPLIES	27	129	1,808.06	14.02	.169	66.97	2.36
@DENTIST	49	293	\$ 11,493.00	\$ 39.23	.383	\$ 234.55	\$ 15.02
VISITS - DIAGNOSTIC	27	163	1,559.00	9.56	.213	57.74	2.04
ORAL SURGERY	13	42	1,945.00	46.31	.055	149.62	2.54
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	6	6	1,118.00	186.33	.008	186.33	1.46
ENDODONTICS	2	3	735.00	245.00	.004	367.50	.96
RESTORATIVE DENTISTRY	12	35	2,897.00	82.77	.046	241.42	3.79
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	8	44	3,239.00	73.61	.058	404.88	4.23
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,738
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P						
765 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	18	53	\$ 1,360.89	\$ 25.68	.069	\$ 75.61	\$ 1.78
DIAGNOSTIC AND ANC. PROCED	14	14	664.30	47.45	.018	47.45	.87
EYE APPLIANCES	14	38	649.14	17.08	.050	46.37	.85
OTHER OPTOMETRIC SERVICES	1	1	47.45	47.45	.001	47.45	.06
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	10	\$ 359.20	\$ 35.92	.013	\$ 119.73	\$.47
MEDICINE/INJECTIONS	3	6	166.00	27.67	.008	55.33	.22
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	48.44	24.22	.003	48.44	.06
OTHER	1	2	144.76	72.38	.003	144.76	.19
@HOME HEALTH AGENCY	9	241	\$ 11,977.13	\$ 49.70	.315	\$ 1330.79	\$ 15.66
NURSE ANESTHESIST	2	14	\$ 266.05	\$ 19.00	.018	\$ 133.03	\$.35
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	460	4,815	\$ 396,015.75	\$ 82.25	6.294	\$ 860.90	\$ 517.67
HOSP INPATIENT TOTAL	36	157	209,769.86	1336.11	.205	5826.94	274.21
HSC HOSPITALS	31	141	172,495.00	1223.37	.184	5564.35	225.48
NON-HSC HOSPITAL TOTAL	6	16	37,274.86	2329.68	.021	6212.48	48.73
ACCOMMODATIONS	6	16	4,000.55	250.03	.021	666.76	5.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	16	4,000.55	250.03	.021	666.76	5.23
ANCILLARIES	6	0	33,274.31	.00	.000	5545.72	43.50
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	452	4,658	186,245.89	39.98	6.089	412.05	243.46
MEDICAL	226	414	13,079.24	31.59	.541	57.87	17.10
SURGERY	61	73	8,793.90	120.46	.095	144.16	11.50
PATHOLOGY	247	1,834	21,274.48	11.60	2.397	86.13	27.81
RADIOLOGY	154	259	29,356.07	113.34	.339	190.62	38.37
ROOM USE	334	799	32,868.70	41.14	1.044	98.41	42.97
CROSSOVERS/ALL OTH OUTPTNT	190	1,279	80,873.50	63.23	1.672	425.65	105.72
@COUNTY HOSPITAL TOTAL	385	4,276	\$ 301,719.40	\$ 70.56	5.590	\$ 783.69	\$ 394.40
CO HOSPITAL INPATIENT TOTAL	24	99	131,625.00	1329.55	.129	5484.38	172.06
HSC HOSPITALS	24	99	131,625.00	1329.55	.129	5484.38	172.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	382	4,177	170,094.40	40.72	5.460	445.27	222.35
MEDICAL	209	387	10,533.80	27.22	.506	50.40	13.77
SURGERY	45	55	7,024.09	127.71	.072	156.09	9.18
PATHOLOGY	202	1,675	19,576.05	11.69	2.190	96.91	25.59

RADIOLOGY	111	186	25,119.86	135.05	.243	226.31	32.84
ROOM USE	297	733	28,992.62	39.55	.958	97.62	37.90
CROSSEOVERS/ALL OTH OUTPTNT	157	1,141	78,847.98	69.10	1.492	502.22	103.07

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,739

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

KERN COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
765 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	92	539	\$ 94,296.35	\$ 174.95	.705	\$ 1024.96	\$ 123.26
COMM HOSP INPATIENT TOTAL	13	58	78,144.86	1347.33	.076	6011.14	102.15
HSC HOSPITALS	7	42	40,870.00	973.10	.055	5838.57	53.42
NON-HSC HOSPITALS TOTAL	6	16	37,274.86	2329.68	.021	6212.48	48.73
ACCOMMODATIONS	6	16	4,000.55	250.03	.021	666.76	5.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	6	16		4,000.55	250.03	.021	666.76	5.23
ANCILLARIES	6	0		33,274.31	.00	.000	5545.72	43.50
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	82	481		16,151.49	33.58	.629	196.97	21.11
MEDICAL	19	27		2,545.44	94.28	.035	133.97	3.33
SURGERY	17	18		1,769.81	98.32	.024	104.11	2.31
PATHOLOGY	47	159		1,698.43	10.68	.208	36.14	2.22
RADIOLOGY	44	73		4,236.21	58.03	.095	96.28	5.54
ROOM USE	42	66		3,876.08	58.73	.086	92.29	5.07
CROSSOVERS/ALL OTH OUTPTNT	37	138		2,025.52	14.68	.180	54.74	2.65
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	104	\$	12,135.49	\$ 116.69	.136	\$ 6067.75	\$ 15.86
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	104		12,135.49	116.69	.136	6067.75	15.86
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	168	889	\$	11,365.81	\$ 12.78	1.162	\$ 67.65	\$ 14.86
PATHOLOGY	168	889		11,365.81	12.78	1.162	67.65	14.86
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	84	130	\$	12,339.68	\$ 94.92	.170	\$ 146.90	\$ 16.13
CLINIC	5	9		242.03	26.89	.012	48.41	.32
SURGICENTER	1	4		78.46	19.62	.005	78.46	.10
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	78	117		12,019.19	102.73	.153	154.09	15.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
MOP024	FEE-FOR-SERVICE/DENTAL							
KERN COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL							
AID CODES 0M 0N 0P								

765 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	73	963	\$ 16,305.84	\$ 16.93	1.259	\$ 223.37	\$ 21.31
DURABLE MED. EQUIP.	4	11	1,846.51	167.86	.014	461.63	2.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	25	662	4,782.92	7.22	.865	191.32	6.25
AMBULANCES/AIR TRANS	21	289	3,510.83	12.15	.378	167.18	4.59
OTHER TRANS	6	373	1,272.09	3.41	.488	212.02	1.66
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	24	56	747.67	13.35	.073	31.15	.98
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	18	33	2,667.50	80.83	.043	148.19	3.49
PROSTHETICS	18	33	2,667.50	80.83	.043	148.19	3.49
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	88.99	44.50	.003	88.99	.12
HOSPICE SERVICES	4	52	6,081.32	116.95	.068	1520.33	7.95
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	147	90.93	.62	.192	90.93	.12
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	3	4	176.13	\$ 44.03	.005	\$ 58.71	\$.23

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,741
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	86	557	\$ 18,908.78	\$ 33.95	15.472	\$ 219.87	\$ 525.24
@PHYSICIANS SERVICES	29	290	\$ 6,493.63	\$ 22.39	8.056	\$ 223.92	\$ 180.38
OUTPATIENT VISITS	13	15	617.65	41.18	.417	47.51	17.16
OFFICE VISITS	11	12	412.60	34.38	.333	37.51	11.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	205.05	68.35	.083	68.35	5.70
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	5	6	223.16	37.19	.167	44.63	6.20
HOSPITAL VISITS	5	6	223.16	37.19	.167	44.63	6.20
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	10	1,066.32	106.63	.278	355.44	29.62
PRINCIPAL SURGEON	2	2	890.91	445.46	.056	445.46	24.75
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	175.41	21.93	.222	175.41	4.87
OUTPATIENT SURGERY	6	9	1,275.21	141.69	.250	212.54	35.42
PRINCIPAL SURGEON	5	5	1,168.59	233.72	.139	233.72	32.46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	106.62	26.66	.111	106.62	2.96
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	51.13	12.78	.111	25.57	1.42
RADIOLOGY	5	21	1,700.18	80.96	.583	340.04	47.23
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	200	892.42	4.46	5.556	297.47	24.79
OTHER SERVICES/ALL X-OVERS	5	25	667.56	26.70	.694	133.51	18.54
@PHARMACY	28	49	\$ 3,009.01	\$ 61.41	1.361	\$ 107.46	\$ 83.58
PRESCRIPTION DRUGS	28	49	3,009.01	61.41	1.361	107.46	83.58
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	28	49	3,009.01	61.41	1.361	107.46	83.58
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,742
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY						
	AID CODES 0R 0T 0U 0V						
	----- MONTHLY AVERAGE -----						
36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	45	174 \$	7,419.51	\$ 42.64	4.833	\$ 164.88	\$ 206.10
HOSP INPATIENT TOTAL	2	2	1,413.72	706.86	.056	706.86	39.27
HSC HOSPITALS	1	1	1,350.00	1350.00	.028	1350.00	37.50
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	1	63.72	63.72	.028	63.72	1.77
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	44	172	6,005.79	34.92	4.778	136.50	166.83
MEDICAL	20	26	782.39	30.09	.722	39.12	21.73
SURGERY	6	6	430.29	71.72	.167	71.72	11.95
PATHOLOGY	7	23	234.27	10.19	.639	33.47	6.51
RADIOLOGY	4	6	391.90	65.32	.167	97.98	10.89
ROOM USE	33	60	2,550.02	42.50	1.667	77.27	70.83
CROSSOVERS/ALL OTH OUTPTNT	14	51	1,616.92	31.70	1.417	115.49	44.91
@COUNTY HOSPITAL TOTAL	41	139 \$	6,687.53	\$ 48.11	3.861	\$ 163.11	\$ 185.76
CO HOSPITAL INPATIENT TOTAL	1	1	1,350.00	1350.00	.028	1350.00	37.50
HSC HOSPITALS	1	1	1,350.00	1350.00	.028	1350.00	37.50
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	41	138	5,337.53	38.68	3.833	130.18	148.26
MEDICAL	19	25	754.29	30.17	.694	39.70	20.95
SURGERY	3	3	282.74	94.25	.083	94.25	7.85
PATHOLOGY	5	12	148.66	12.39	.333	29.73	4.13
RADIOLOGY	3	3	347.07	115.69	.083	115.69	9.64
ROOM USE	31	56	2,312.67	41.30	1.556	74.60	64.24
CROSSOVERS/ALL OTH OUTPTNT	11	39	1,492.10	38.26	1.083	135.65	41.45

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,743
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	35	\$ 731.98	\$ 20.91	.972	\$ 122.00	\$ 20.33
COMM HOSP INPATIENT TOTAL	1	1	63.72	63.72	.028	63.72	1.77
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	1	63.72	63.72	.028	63.72	1.77
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	34	668.26	19.65	.944	133.65	18.56
MEDICAL	1	1	28.10	28.10	.028	28.10	.78
SURGERY	3	3	147.55	49.18	.083	49.18	4.10
PATHOLOGY	2	11	85.61	7.78	.306	42.81	2.38
RADIOLOGY	1	3	44.83	14.94	.083	44.83	1.25
ROOM USE	3	4	237.35	59.34	.111	79.12	6.59
CROSSOVERS/ALL OTH OUTPTNT	4	12	124.82	10.40	.333	31.21	3.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	36	\$ 328.63	\$ 9.13	1.000	\$ 65.73	\$ 9.13
PATHOLOGY	5	36	328.63	9.13	1.000	65.73	9.13
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	6	8	\$	1,658.00	\$	207.25	.222	\$	276.33	\$	46.06
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	8		1,658.00		207.25	.222		276.33		46.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,744
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES 0R 0T 0U 0V

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1	0	\$ 63.72	\$.00	.000	\$ 63.72	\$ 1.77

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,745
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,068	18,488	\$ 1,087,928.84	\$ 58.85	23.081	\$ 1018.66	\$ 1358.21
@PHYSICIANS SERVICES	533	8,723	\$ 449,118.88	\$ 51.49	10.890	\$ 842.62	\$ 560.70
OUTPATIENT VISITS	276	401	15,981.14	39.85	.501	57.90	19.95
OFFICE VISITS	226	332	11,868.74	35.75	.414	52.52	14.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	54	59	3,886.40	65.87	.074	71.97	4.85
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	10	226.00	22.60	.012	28.25	.28
INPATIENT VISITS	40	125	5,796.91	46.38	.156	144.92	7.24
HOSPITAL VISITS	39	121	5,385.67	44.51	.151	138.09	6.72
CRITICAL CARE	1	3	364.80	121.60	.004	364.80	.46
SNF/ICF/TRANS IP CARE	1	1	46.44	46.44	.001	46.44	.06
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.06
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	51	313	16,896.83	53.98	.391	331.31	21.09
PRINCIPAL SURGEON	29	42	11,889.31	283.08	.052	409.98	14.84
ASSISTANT SURGEON	1	1	134.77	134.77	.001	134.77	.17
ANESTHESIOLOGIST	22	270	4,872.75	18.05	.337	221.49	6.08
OUTPATIENT SURGERY	73	240	13,987.90	58.28	.300	191.62	17.46
PRINCIPAL SURGEON	46	50	9,978.23	199.56	.062	216.92	12.46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	32	190	4,009.67	21.10	.237	125.30	5.01
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	76	248	6,769.94	27.30	.310	89.08	8.45

RADIOLOGY	245	2,490		198,382.09		79.67	3.109	809.72	247.67
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	110	4,340		175,061.20		40.34	5.418	1591.47	218.55
OTHER SERVICES/ALL X-OVERS	150	565		16,196.43		28.67	.705	107.98	20.22
@PHARMACY	612	2,035	\$	155,784.98	\$	76.55	2.541	254.55	194.49
PRESCRIPTION DRUGS	610	1,906		153,976.92		80.79	2.380	252.42	192.23
SNF/ICF	5	57		4,406.44		77.31	.071	881.29	5.50
OUTPATIENTS	606	1,849		149,570.48		80.89	2.308	246.82	186.73
MEDICAL SUPPLIES	27	129		1,808.06		14.02	.161	66.97	2.26
@DENTIST	49	293	\$	11,493.00	\$	39.23	.366	234.55	14.35
VISITS - DIAGNOSTIC	27	163		1,559.00		9.56	.203	57.74	1.95
ORAL SURGERY	13	42		1,945.00		46.31	.052	149.62	2.43
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	6	6		1,118.00		186.33	.007	186.33	1.40
ENDODONTICS	2	3		735.00		245.00	.004	367.50	.92
RESTORATIVE DENTISTRY	12	35		2,897.00		82.77	.044	241.42	3.62
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	8	44		3,239.00		73.61	.055	404.88	4.04
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,746
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	18	53	\$	1,360.89	\$ 25.68	.066	\$ 75.61	\$ 1.70
DIAGNOSTIC AND ANC. PROCED	14	14		664.30	47.45	.017	47.45	.83
EYE APPLIANCES	14	38		649.14	17.08	.047	46.37	.81
OTHER OPTOMETRIC SERVICES	1	1		47.45	47.45	.001	47.45	.06
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	3	10	\$	359.20	\$ 35.92	.012	\$ 119.73	\$.45
MEDICINE/INJECTIONS	3	6		166.00	27.67	.007	55.33	.21
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		48.44	24.22	.002	48.44	.06
OTHER	1	2		144.76	72.38	.002	144.76	.18
@HOME HEALTH AGENCY	9	241	\$	11,977.13	\$ 49.70	.301	\$ 1330.79	\$ 14.95
NURSE ANESTHESIST	2	14	\$	266.05	\$ 19.00	.017	\$ 133.03	\$.33
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	505	4,989	\$	403,435.26	\$ 80.86	6.228	\$ 798.88	\$ 503.66
HOSP INPATIENT TOTAL	38	159		211,183.58	1328.20	.199	5557.46	263.65
HSC HOSPITALS	32	142		173,845.00	1224.26	.177	5432.66	217.03
NON-HSC HOSPITAL TOTAL	6	16		37,274.86	2329.68	.020	6212.48	46.54
ACCOMMODATIONS	6	16		4,000.55	250.03	.020	666.76	4.99
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	16		4,000.55	250.03	.020	666.76	4.99
ANCILLARIES	6	0		33,274.31	.00	.000	5545.72	41.54
INPATIENT CROSSOVERS	1	1		63.72	63.72	.001	63.72	.08
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	496	4,830		192,251.68	39.80	6.030	387.60	240.01
MEDICAL	246	440		13,861.63	31.50	.549	56.35	17.31

SURGERY	67	79	9,224.19	116.76	.099	137.67	11.52
PATHOLOGY	254	1,857	21,508.75	11.58	2.318	84.68	26.85
RADIOLOGY	158	265	29,747.97	112.26	.331	188.28	37.14
ROOM USE	367	859	35,418.72	41.23	1.072	96.51	44.22
CROSSOVERS/ALL OTH OUTPTNT	204	1,330	82,490.42	62.02	1.660	404.36	102.98
@COUNTY HOSPITAL TOTAL	426	4,415	\$ 308,406.93	\$ 69.85	5.512	\$ 723.96	\$ 385.03
CO HOSPITAL INPATIENT TOTAL	25	100	132,975.00	1329.75	.125	5319.00	166.01
HSC HOSPITALS	25	100	132,975.00	1329.75	.125	5319.00	166.01
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	423	4,315	175,431.93	40.66	5.387	414.73	219.02
MEDICAL	228	412	11,288.09	27.40	.514	49.51	14.09
SURGERY	48	58	7,306.83	125.98	.072	152.23	9.12
PATHOLOGY	207	1,687	19,724.71	11.69	2.106	95.29	24.63
RADIOLOGY	114	189	25,466.93	134.75	.236	223.39	31.79
ROOM USE	328	789	31,305.29	39.68	.985	95.44	39.08
CROSSOVERS/ALL OTH OUTPTNT	168	1,180	80,340.08	68.08	1.473	478.21	100.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,747
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	98	574	\$ 95,028.33	\$ 165.55	.717	\$ 969.68	\$ 118.64
COMM HOSP INPATIENT TOTAL	14	59	78,208.58	1325.57	.074	5586.33	97.64
HSC HOSPITALS	7	42	40,870.00	973.10	.052	5838.57	51.02
NON-HSC HOSPITALS TOTAL	6	16	37,274.86	2329.68	.020	6212.48	46.54
ACCOMMODATIONS	6	16	4,000.55	250.03	.020	666.76	4.99
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	16	4,000.55	250.03	.020	666.76	4.99
ANCILLARIES	6	0	33,274.31	.00	.000	5545.72	41.54
INPATIENT CROSSOVERS	1	1	63.72	63.72	.001	63.72	.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	87	515	16,819.75	32.66	.643	193.33	21.00
MEDICAL	20	28	2,573.54	91.91	.035	128.68	3.21
SURGERY	20	21	1,917.36	91.30	.026	95.87	2.39
PATHOLOGY	49	170	1,784.04	10.49	.212	36.41	2.23
RADIOLOGY	45	76	4,281.04	56.33	.095	95.13	5.34
ROOM USE	45	70	4,113.43	58.76	.087	91.41	5.14
CROSSOVERS/ALL OTH OUTPTNT	41	150	2,150.34	14.34	.187	52.45	2.68
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	104	\$ 12,135.49	\$ 116.69	.130	\$ 6067.75	\$ 15.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	104	12,135.49	116.69	.130	6067.75	15.15
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	173	925	\$	11,694.44	\$	12.64	1.155	\$ 67.60	\$ 14.60
PATHOLOGY	173	925		11,694.44		12.64	1.155	67.60	14.60
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	90	138	\$	13,997.68	\$	101.43	.172	\$ 155.53	\$ 17.48
CLINIC	5	9		242.03		26.89	.011	48.41	.30
SURGICENTER	1	4		78.46		19.62	.005	78.46	.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	84	125		13,677.19		109.42	.156	162.82	17.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,748
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL								

801 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	73	963	\$ 16,305.84	\$ 16.93	1.202	\$ 223.37	\$ 20.36
DURABLE MED. EQUIP.	4	11	1,846.51	167.86	.014	461.63	2.31
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	25	662	4,782.92	7.22	.826	191.32	5.97
AMBULANCES/AIR TRANS	21	289	3,510.83	12.15	.361	167.18	4.38
OTHER TRANS	6	373	1,272.09	3.41	.466	212.02	1.59
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	24	56	747.67	13.35	.070	31.15	.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	18	33	2,667.50	80.83	.041	148.19	3.33
PROSTHETICS	18	33	2,667.50	80.83	.041	148.19	3.33
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	88.99	44.50	.002	88.99	.11
HOSPICE SERVICES	4	52	6,081.32	116.95	.065	1520.33	7.59
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	147	90.93	.62	.184	90.93	.11
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	4	4	\$ 239.85	\$ 59.96	.005	\$ 59.96	\$.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,749
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY								

AID CODE 80

1,039 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	132	2,308	\$	14,477.55	\$	6.27	2.221	\$	109.68	\$	13.93
@PHYSICIANS SERVICES	60	166	\$	2,447.87	\$	14.75	.160	\$	40.80	\$	2.36
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	60	166		2,447.87	14.75	.160	40.80	2.36
@PHARMACY	12	1,791	\$	258.89CR	.14CR	1.724	21.57CR\$	.25CR
PRESCRIPTION DRUGS	0	4		1,472.64CR	368.16CR	.004	.00	1.42CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	4		1,472.64CR	368.16CR	.004	.00	1.42CR
MEDICAL SUPPLIES	12	1,787		1,213.75	.68	1.720	101.15	1.17
@DENTIST	13	58	\$	.00	.00	.056	.00	.00
VISITS - DIAGNOSTIC	9	45		.00	.00	.043	.00	.00
ORAL SURGERY	0	1		.00	.00	.001	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	12		.00	.00	.012	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR QMB - ONLY

PAGE 4,750
01/29/04

1,039 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	2	\$ 3.20	\$ 1.60	.002	\$ 3.20	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	2	3.20	1.60	.002	3.20	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 9.89	\$ 9.89	.001	\$ 9.89	\$.01
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	9.89	9.89	.001	9.89	.01
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	15	72	\$ 4,192.11	\$ 58.22	.069	\$ 279.47	\$ 4.03
HOSP INPATIENT TOTAL	4	26	3,332.00	128.15	.025	833.00	3.21
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	26	3,332.00	128.15	.025	833.00	3.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	11	46	860.11	18.70	.044	78.19	.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	11	46	860.11	18.70	.044	78.19	.83
@COUNTY HOSPITAL TOTAL	4	7	\$ 224.06	\$ 32.01	.007	\$ 56.02	\$.22
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	7	224.06	32.01	.007	56.02	.22
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	7	224.06	32.01	.007	56.02	.22

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,751
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

	1,039 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11		65	\$ 3,968.05	\$ 61.05	.063	\$ 360.73	\$ 3.82
COMM HOSP INPATIENT TOTAL	4		26	3,332.00	128.15	.025	833.00	3.21
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4		26	3,332.00	128.15	.025	833.00	3.21
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7		39	636.05	16.31	.038	90.86	.61
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	7		39	636.05	16.31	.038	90.86	.61
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00

@NURSING FACILITY	2	0	\$	2,050.09	\$	.00	.000	\$ 1025.05	\$	1.97
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	2	0		2,050.09		.00	.000	1025.05		1.97
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	5	5	\$	2,096.24	\$	419.25	.005	\$ 419.25	\$	2.02
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	5	5		2,096.24		419.25	.005	419.25		2.02
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	5	24	\$	1,051.22	\$	43.80	.023	\$ 210.24	\$	1.01
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	5	24		1,051.22		43.80	.023	210.24		1.01
@ORGANIZED OUTPATIENT CLINIC	7	12	\$	917.19	\$	76.43	.012	\$ 131.03	\$	.88
CLINIC	1	1		46.43		46.43	.001	46.43		.04
SURGICENTER	5	10		854.24		85.42	.010	170.85		.82
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1	1		16.52		16.52	.001	16.52		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
MOP024	FEE-FOR-SERVICE/DENTAL									
KERN COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY									
AID CODE 80										
----- MONTHLY AVERAGE -----										
1,039 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE				PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	34	177	\$	1,968.63	\$	11.12	.170	\$ 57.90	\$	1.89
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	3	19		100.06		5.27	.018	33.35		.10
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	3	19		100.06		5.27	.018	33.35		.10
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	1	3		84.19		28.06	.003	84.19		.08
PROSTHETICS	1	3		84.19		28.06	.003	84.19		.08
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	30	155		1,784.38		11.51	.149	59.48		1.72
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	.00	\$.00

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@XOVER EXCLUDING STATE HOSP** 121 2,219 \$ 15,933.67 \$ 7.18 2.136 \$ 131.68 \$ 15.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,753
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

6,834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	4,609	16,479	\$ 596,967.10	\$ 36.23	2.411	\$ 129.52	\$ 87.35
@PHYSICIANS SERVICES	495	1,029	\$ 46,005.54	\$ 44.71	.151	\$ 92.94	\$ 6.73
OUTPATIENT VISITS	358	434	15,930.04	36.71	.064	44.50	2.33
OFFICE VISITS	241	306	10,534.89	34.43	.045	43.71	1.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	90	99	4,297.98	43.41	.014	47.76	.63
PREVENTIVE CARE	16	14	552.68	39.48	.002	34.54	.08
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	15	544.49	36.30	.002	36.30	.08
INPATIENT VISITS	16	48	3,591.93	74.83	.007	224.50	.53
HOSPITAL VISITS	16	47	3,174.23	67.54	.007	198.39	.46
CRITICAL CARE	1	1	417.70	417.70	.000	417.70	.06
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	238.74	47.75	.001	47.75	.03
EXAMINATIONS	5	5	238.74	47.75	.001	47.75	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	102	8,035.12	78.78	.015	446.40	1.18
PRINCIPAL SURGEON	9	18	5,628.37	312.69	.003	625.37	.82
ASSISTANT SURGEON	1	1	200.25	200.25	.000	200.25	.03
ANESTHESIOLOGIST	9	83	2,206.50	26.58	.012	245.17	.32
OUTPATIENT SURGERY	24	55	3,861.19	70.20	.008	160.88	.56
PRINCIPAL SURGEON	18	19	2,713.62	142.82	.003	150.76	.40
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	36	1,147.57	31.88	.005	191.26	.17
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	61	158	1,451.33	9.19	.023	23.79	.21
RADIOLOGY	79	94	3,925.21	41.76	.014	49.69	.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	14	137.16	9.80	.002	12.47	.02
OTHER SERVICES/ALL X-OVERS	65	119	8,834.82	74.24	.017	135.92	1.29
@PHARMACY	607	1,343	\$ 34,440.41	\$ 25.64	.197	\$ 56.74	\$ 5.04
PRESCRIPTION DRUGS	604	1,326	33,679.08	25.40	.194	55.76	4.93
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	604	1,326	33,679.08	25.40	.194	55.76	4.93
MEDICAL SUPPLIES	12	17	761.33	44.78	.002	63.44	.11
@DENTIST	1,198	7,673	\$ 197,074.20	\$ 25.68	1.123	\$ 164.50	\$ 28.84
VISITS - DIAGNOSTIC	918	4,851	56,268.20	11.60	.710	61.29	8.23
ORAL SURGERY	128	237	9,205.50	38.84	.035	71.92	1.35
DRUGS	116	126	2,890.00	22.94	.018	24.91	.42
ANESTHESIA	2	2	100.00	50.00	.000	50.00	.01
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	194	461	28,533.00	61.89	.067	147.08	4.18
RESTORATIVE DENTISTRY	508	1,884	96,256.50	51.09	.276	189.48	14.08
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	30	38	3,791.00	99.76	.006	126.37	.55
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	27	73	.00	.00	.011	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 133% PROGRAM

PAGE 4,754
01/29/04

	6,834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	12	12	24	\$	714.66	\$ 29.78	.004	\$ 59.56	\$.10
DIAGNOSTIC AND ANC. PROCED	11	11	11		521.95	47.45	.002	47.45	.08
EYE APPLIANCES	5	5	13		192.71	14.82	.002	38.54	.03
OTHER OPTOMETRIC SERVICES	0	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	1	\$	16.72	\$ 16.72	.000	\$ 16.72	\$.00
VISITS	1	1	1		16.72	16.72	.000	16.72	.00
OTHER SERVICES	0	0	0		.00	.00	.000	.00	.00
@PODIATRIST	3	3	7	\$	269.02	\$ 38.43	.001	\$ 89.67	\$.04
MEDICINE/INJECTIONS	3	3	3		101.02	33.67	.000	33.67	.01
SURGERY/ANES.	0	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	2	4		168.00		42.00	.001	84.00	.02
@HOME HEALTH AGENCY	2	9	\$	673.74	\$	74.86	.001	\$ 336.87	\$.10
NURSE ANESTHESIST	1	3	\$	51.90	\$	17.30	.000	\$ 51.90	\$.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	356	1,115	\$	101,462.95	\$	91.00	.163	\$ 285.01	\$ 14.85
HOSP INPATIENT TOTAL	17	46		64,937.00		1411.67	.007	3819.82	9.50
HSC HOSPITALS	17	46		64,937.00		1411.67	.007	3819.82	9.50
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	341	1,069		36,525.95		34.17	.156	107.11	5.34
MEDICAL	87	146		7,677.67		52.59	.021	88.25	1.12
SURGERY	21	23		2,928.21		127.31	.003	139.44	.43
PATHOLOGY	91	306		3,023.09		9.88	.045	33.22	.44
RADIOLOGY	85	143		9,129.78		63.84	.021	107.41	1.34
ROOM USE	209	266		10,614.85		39.91	.039	50.79	1.55
CROSSOVERS/ALL OTH OUTPTNT	87	185		3,152.35		17.04	.027	36.23	.46
@COUNTY HOSPITAL TOTAL	136	280	\$	32,467.94	\$	115.96	.041	\$ 238.73	\$ 4.75
CO HOSPITAL INPATIENT TOTAL	6	17		22,950.00		1350.00	.002	3825.00	3.36
HSC HOSPITALS	6	17		22,950.00		1350.00	.002	3825.00	3.36
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	130	263		9,517.94		36.19	.038	73.21	1.39
MEDICAL	40	47		1,496.29		31.84	.007	37.41	.22
SURGERY	7	8		2,206.73		275.84	.001	315.25	.32
PATHOLOGY	27	58		493.50		8.51	.008	18.28	.07
RADIOLOGY	18	25		980.94		39.24	.004	54.50	.14
ROOM USE	82	105		4,124.53		39.28	.015	50.30	.60
CROSSOVERS/ALL OTH OUTPTNT	12	20		215.95		10.80	.003	18.00	.03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,755
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

	6,834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	224		835	\$ 68,995.01	\$ 82.63	.122	\$ 308.01	\$ 10.10
COMM HOSP INPATIENT TOTAL	11		29	41,987.00	1447.83	.004	3817.00	6.14
HSC HOSPITALS	11		29	41,987.00	1447.83	.004	3817.00	6.14
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	215	806	27,008.01	33.51	.118	125.62	3.95
MEDICAL	47	99	6,181.38	62.44	.014	131.52	.90
SURGERY	14	15	721.48	48.10	.002	51.53	.11
PATHOLOGY	65	248	2,529.59	10.20	.036	38.92	.37
RADIOLOGY	67	118	8,148.84	69.06	.017	121.62	1.19
ROOM USE	130	161	6,490.32	40.31	.024	49.93	.95
CROSSOVERS/ALL OTH OUTPTNT	75	165	2,936.40	17.80	.024	39.15	.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	3	\$ 143.42	\$ 47.81	.000	\$ 71.71	\$.02
HOSPITAL BASED	2	3	143.42	47.81	.000	71.71	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	70	101	\$ 1,237.06	\$ 12.25	.015	\$ 17.67	\$.18
PATHOLOGY	70	101	1,237.06	12.25	.015	17.67	.18
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,737	2,465	\$ 186,031.74	\$ 75.47	.361	\$ 107.10	\$ 27.22
CLINIC	28	44	1,618.83	36.79	.006	57.82	.24
SURGICENTER	1	8	252.01	31.50	.001	252.01	.04
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,708	2,413	184,160.90	76.32	.353	107.82	26.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,756
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM						AID CODES 72 74 8N 8P

6,834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	540	2,706	\$ 28,845.74	\$ 10.66	.396	\$ 53.42	\$ 4.22
DURABLE MED. EQUIP.	4	4	386.48	96.62	.001	96.62	.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	209	1,836.82	8.79	.031	141.29	.27
AMBULANCES/AIR TRANS	13	209	1,836.82	8.79	.031	141.29	.27
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	30	71	629.57	8.87	.010	20.99	.09
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	7	1,864.36	266.34	.001	466.09	.27
PROSTHETICS	4	7	1,864.36	266.34	.001	466.09	.27
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	4	7	175.75	25.11	.001	43.94	.03
SPEECH AND AUDIOLOGY	1	2	99.99	50.00	.000	99.99	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	487	2,406	23,852.77	9.91	.352	48.98	3.49
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	134	657	\$ 81,429.12	\$ 123.94	.096	\$ 607.68	\$ 11.92
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 4,757

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

KERN COUNTY

SUMMARY OF SERVICES FOR 100% PROGRAM

AID CODES 7A 7C 8R 8T

8,223 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,172	26,768	\$ 851,409.29	\$ 31.81	3.255	\$ 164.62	\$ 103.54
@PHYSICIANS SERVICES	419	1,533	\$ 56,401.01	\$ 36.79	.186	\$ 134.61	\$ 6.86
OUTPATIENT VISITS	269	391	14,172.83	36.25	.048	52.69	1.72
OFFICE VISITS	166	197	7,280.85	36.96	.024	43.86	.89
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	78	81	3,828.17	47.26	.010	49.08	.47
PREVENTIVE CARE	1	1	32.89	32.89	.000	32.89	.00
OB VISITS/COMPRE PERI	18	96	2,411.69	25.12	.012	133.98	.29
OTHER OUTPATIENT	16	16	619.23	38.70	.002	38.70	.08
INPATIENT VISITS	28	149	13,870.75	93.09	.018	495.38	1.69
HOSPITAL VISITS	23	103	6,435.67	62.48	.013	279.81	.78
CRITICAL CARE	5	46	7,435.08	161.63	.006	1487.02	.90
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	5	298.80	59.76	.001	59.76	.04
EXAMINATIONS	5	5	298.80	59.76	.001	59.76	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	18	64	9,501.67	148.46	.008	527.87	1.16
PRINCIPAL SURGEON	14	21	8,066.38	384.11	.003	576.17	.98
ASSISTANT SURGEON	1	1	65.02	65.02	.000	65.02	.01
ANESTHESIOLOGIST	6	42	1,370.27	32.63	.005	228.38	.17
OUTPATIENT SURGERY	26	44	2,962.23	67.32	.005	113.93	.36
PRINCIPAL SURGEON	22	22	2,415.28	109.79	.003	109.79	.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	22	546.95	24.86	.003	136.74	.07
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	52	151	1,970.51	13.05	.018	37.89	.24
RADIOLOGY	91	164	7,845.96	47.84	.020	86.22	.95
PSYCHIATRY	1	1	23.22	23.22	.000	23.22	.00
IMMUNIZATION AND INJECTION	6	10	323.15	32.32	.001	53.86	.04
OTHER SERVICES/ALL X-OVERS	60	554	5,431.89	9.80	.067	90.53	.66
@PHARMACY	394	845	\$ 64,451.11	\$ 76.27	.103	\$ 163.58	\$ 7.84
PRESCRIPTION DRUGS	383	795	50,570.01	63.61	.097	132.04	6.15
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	383	795	50,570.01	63.61	.097	132.04	6.15
MEDICAL SUPPLIES	19	50	13,881.10	277.62	.006	730.58	1.69
@DENTIST	1,839	12,360	\$ 298,185.98	\$ 24.13	1.503	\$ 162.15	\$ 36.26
VISITS - DIAGNOSTIC	1,282	8,841	100,666.25	11.39	1.075	78.52	12.24
ORAL SURGERY	298	575	33,190.00	57.72	.070	111.38	4.04
DRUGS	73	100	1,955.00	19.55	.012	26.78	.24
ANESTHESIA	22	24	2,000.00	83.33	.003	90.91	.24

PERIODONTICS	5	6	968.00	161.33	.001	193.60	.12
ENDODONTICS	148	220	28,197.25	128.17	.027	190.52	3.43
RESTORATIVE DENTISTRY	714	2,225	109,516.85	49.22	.271	153.38	13.32
PROSTHETICS	1	1	50.00	50.00	.000	50.00	.01
DENTURES, STAYPLATES	1	3	.00	.00	.000	.00	.00
SPACE MAINTAINERS	44	54	6,105.37	113.06	.007	138.76	.74
MAXILLOFACIAL SERVICES	4	5	250.00	50.00	.001	62.50	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	156	188	14,812.26	78.79	.023	94.95	1.80
ALL OTHER SERVICES	65	118	475.00	4.03	.014	7.31	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						PAGE 4,758
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
			AID CODES 7A 7C 8R 8T				
			----- MONTHLY AVERAGE -----				
8,223 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	74	186 \$	4,630.59	\$ 24.90	.023	\$ 62.58	\$.56
DIAGNOSTIC AND ANC. PROCED	63	63	2,910.33	46.20	.008	46.20	.35
EYE APPLIANCES	41	120	1,673.44	13.95	.015	40.82	.20
OTHER OPTOMETRIC SERVICES	2	3	46.82	15.61	.000	23.41	.01
@CHIROPRACTOR	36	49 \$	819.28	\$ 16.72	.006	\$ 22.76	\$.10
VISITS	36	49	819.28	16.72	.006	22.76	.10
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	3 \$	120.14	\$ 40.05	.000	\$ 60.07	\$.01
MEDICINE/INJECTIONS	2	2	106.64	53.32	.000	53.32	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	13.50	13.50	.000	13.50	.00
@HOME HEALTH AGENCY	1	2 \$	104.99	\$ 52.50	.000	\$ 104.99	\$.01
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	326	1,356 \$	239,964.81	\$ 176.97	.165	\$ 736.09	\$ 29.18
HOSP INPATIENT TOTAL	22	132	195,542.89	1481.39	.016	8888.31	23.78
HSC HOSPITALS	20	129	193,200.02	1497.67	.016	9660.00	23.50
NON-HSC HOSPITAL TOTAL	2	3	2,342.87	780.96	.000	1171.44	.28
ACCOMMODATIONS	2	3	336.69	112.23	.000	168.35	.04
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	336.69	112.23	.000	168.35	.04
ANCILLARIES	2	0	2,006.18	.00	.000	1003.09	.24
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	312	1,224	44,421.92	36.29	.149	142.38	5.40
MEDICAL	67	94	7,203.00	76.63	.011	107.51	.88
SURGERY	30	33	3,483.71	105.57	.004	116.12	.42
PATHOLOGY	117	465	5,687.63	12.23	.057	48.61	.69
RADIOLOGY	78	129	12,185.52	94.46	.016	156.22	1.48
ROOM USE	184	230	9,633.26	41.88	.028	52.35	1.17
CROSSOVERS/ALL OTH OUTPTNT	102	273	6,228.80	22.82	.033	61.07	.76
@COUNTY HOSPITAL TOTAL	138	503 \$	77,434.38	\$ 153.95	.061	\$ 561.12	\$ 9.42
CO HOSPITAL INPATIENT TOTAL	10	47	63,450.02	1350.00	.006	6345.00	7.72
HSC HOSPITALS	10	47	63,450.02	1350.00	.006	6345.00	7.72
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	131	456	13,984.36	30.67	.055	106.75	1.70
MEDICAL	33	47	2,169.88	46.17	.006	65.75	.26
SURGERY	8	9	2,475.54	275.06	.001	309.44	.30
PATHOLOGY	38	151	1,529.21	10.13	.018	40.24	.19
RADIOLOGY	21	26	1,025.57	39.45	.003	48.84	.12
ROOM USE	75	98	4,066.49	41.49	.012	54.22	.49
CROSSOVERS/ALL OTH OUTPTNT	37	125	2,717.67	21.74	.015	73.45	.33

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,759
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

	8,223 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	197	853	\$	162,530.43	\$ 190.54	.104	\$ 825.03	\$ 19.77

----- MONTHLY AVERAGE -----

COMM HOSP INPATIENT TOTAL	13	85		132,092.87	1554.03	.010	10160.99	16.06
HSC HOSPITALS	11	82		129,750.00	1582.32	.010	11795.45	15.78
NON-HSC HOSPITALS TOTAL	2	3		2,342.87	780.96	.000	1171.44	.28
ACCOMMODATIONS	2	3		336.69	112.23	.000	168.35	.04
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3		336.69	112.23	.000	168.35	.04
ANCILLARIES	2	0		2,006.18	.00	.000	1003.09	.24
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	188	768		30,437.56	39.63	.093	161.90	3.70
MEDICAL	34	47		5,033.12	107.09	.006	148.03	.61
SURGERY	22	24		1,008.17	42.01	.003	45.83	.12
PATHOLOGY	80	314		4,158.42	13.24	.038	51.98	.51
RADIOLOGY	57	103		11,159.95	108.35	.013	195.79	1.36
ROOM USE	112	132		5,566.77	42.17	.016	49.70	.68
CROSSOVERS/ALL OTH OUTPTNT	65	148		3,511.13	23.72	.018	54.02	.43
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	6	\$	139.83	\$ 23.31	.001	\$ 69.92	\$.02
HOSPITAL BASED	2	6		139.83	23.31	.001	69.92	.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	56	259	\$	3,077.54	\$ 11.88	.031	\$ 54.96	\$.37
PATHOLOGY	55	258		3,018.04	11.70	.031	54.87	.37
XO AND OTHERS	1	1		59.50	59.50	.000	59.50	.01
@ORGANIZED OUTPATIENT CLINIC	796	1,162	\$	97,209.60	\$ 83.66	.141	\$ 122.12	\$ 11.82
CLINIC	32	58		1,700.89	29.33	.007	53.15	.21
SURGICENTER	1	5		165.55	33.11	.001	165.55	.02
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	763	1,099		95,343.16	86.75	.134	124.96	11.59

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 100% PROGRAM

AID CODES 7A 7C 8R 8T

PAGE 4,760 01/29/04

	8,223 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,695	9,007	\$	86,304.41	\$ 9.58	1.095	\$ 50.92	\$ 10.50
DURABLE MED. EQUIP.	5	17		4,674.67	274.98	.002	934.93	.57
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	174		4,408.77	25.34	.021	275.55	.54
AMBULANCES/AIR TRANS	15	173		2,608.77	15.08	.021	173.92	.32
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.22
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	24	24	2,520.00	105.00	.003	105.00	.31
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	253	554	4,825.03	8.71	.067	19.07	.59
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	10	194.88	19.49	.001	48.72	.02
PROSTHETICS	2	8	17.50	2.19	.001	8.75	.00
ORTHOTICS	2	2	177.38	88.69	.000	88.69	.02
PSYCHOLOGIST	4	7	167.10	23.87	.001	41.78	.02
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,401	8,221	69,513.96	8.46	1.000	49.62	8.45
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	164	896	\$ 204,456.26	\$ 228.19	.109	\$ 1246.68	\$ 24.86
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,761
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	10,291	31,278	\$ 1,517,522.60	\$ 48.52	.000	\$ 147.46	\$.00
@PHYSICIANS SERVICES	1,562	5,766	\$ 244,175.31	\$ 42.35	.000	\$ 156.32	\$.00
OUTPATIENT VISITS	1,107	4,698	183,812.34	39.13	.000	166.05	.00
OFFICE VISITS	213	221	4,515.05	20.43	.000	21.20	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	977	4,476	179,287.69	40.06	.000	183.51	.00
OTHER OUTPATIENT	1	1	9.60	9.60	.000	9.60	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	358.36	179.18	.000	179.18	.00
PRINCIPAL SURGEON	2	2	358.36	179.18	.000	179.18	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	126	199	19,666.15	98.82	.000	156.08	.00
PRINCIPAL SURGEON	101	142	17,222.33	121.28	.000	170.52	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	53	57	2,443.82	42.87	.000	46.11	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	217	308	3,628.54	11.78	.000	16.72	.00
RADIOLOGY	505	516	35,521.10	68.84	.000	70.34	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	9	262.62	29.18	.000	87.54	.00
OTHER SERVICES/ALL X-OVERS	12	34	926.20	27.24	.000	77.18	.00

@PHARMACY	1,604	3,202	\$	48,252.36	\$	15.07	.000	\$	30.08	\$	.00
PRESCRIPTION DRUGS	1,583	3,056		42,635.63		13.95	.000		26.93		.00
SNF/ICF	1	1		9.08		9.08	.000		9.08		.00
OUTPATIENTS	1,582	3,055		42,626.55		13.95	.000		26.94		.00
MEDICAL SUPPLIES	62	146		5,616.73		38.47	.000		90.59		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,762
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	6	\$ 150.58	\$ 25.10	.000	\$ 75.29	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2,070	7,716	\$ 243,516.85	\$ 31.56	.000	\$ 117.64	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,070	7,716	243,516.85	31.56	.000	117.64	.00
MEDICAL	81	85	1,509.41	17.76	.000	18.63	.00
SURGERY	39	73	3,233.17	44.29	.000	82.90	.00
PATHOLOGY	802	1,610	22,445.11	13.94	.000	27.99	.00
RADIOLOGY	242	243	20,426.56	84.06	.000	84.41	.00
ROOM USE	840	1,171	41,935.84	35.81	.000	49.92	.00

CROSSEOVERS/ALL OTH OUTPTNT	984	4,534		153,966.76	33.96	.000	156.47	.00
@COUNTY HOSPITAL TOTAL	1,486	6,178	\$	183,322.23	\$ 29.67	.000	\$ 123.37	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,486	6,178		183,322.23	29.67	.000	123.37	.00
MEDICAL	81	85		1,509.41	17.76	.000	18.63	.00
SURGERY	36	70		3,003.90	42.91	.000	83.44	.00
PATHOLOGY	558	1,145		10,271.99	8.97	.000	18.41	.00
RADIOLOGY	31	31		3,808.01	122.84	.000	122.84	.00
ROOM USE	836	1,166		41,751.32	35.81	.000	49.94	.00
CROSSEOVERS/ALL OTH OUTPTNT	797	3,681		122,977.60	33.41	.000	154.30	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,763
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	587	1,538	\$ 60,194.62	\$ 39.14	.000	\$ 102.55	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	587	1,538	60,194.62	39.14	.000	102.55	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	3	229.27	76.42	.000	76.42	.00
PATHOLOGY	245	465	12,173.12	26.18	.000	49.69	.00
RADIOLOGY	211	212	16,618.55	78.39	.000	78.76	.00
ROOM USE	5	5	184.52	36.90	.000	36.90	.00
CROSSEOVERS/ALL OTH OUTPTNT	187	853	30,989.16	36.33	.000	165.72	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,628	4,400	\$	105,953.58	\$	24.08	.000	\$	40.32	\$	.00
PATHOLOGY	2,628	4,400		105,953.58		24.08	.000		40.32		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4,591	9,751	\$	829,741.92	\$	85.09	.000	\$	180.73	\$	.00
CLINIC	604	2,440		98,337.31		40.30	.000		162.81		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,987	7,311		731,404.61		100.04	.000		183.45		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003										PAGE 4,764
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G										
							----- MONTHLY AVERAGE -----				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER		

	436	OR DAYS OF CARE 437	\$	45,732.00	PER UNIT/DAY \$ 104.65	PER ELIG .000	USER \$ 104.89	ELIGIBLE \$.00
@ALL OTHER PROVIDERS	436	437	\$	45,732.00	\$ 104.65	.000	\$ 104.89	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	436	437		45,732.00	104.65	.000	104.89	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,765
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	74	\$ 2,645.19	\$ 35.75	12.333	\$ 440.87	\$ 440.87
@PHYSICIANS SERVICES	2	6	\$ 194.58	\$ 32.43	1.000	\$ 97.29	\$ 32.43
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	2	6		194.58	32.43	1.000	97.29	32.43	
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	2	20	\$	1,467.47	\$ 73.37	3.333	\$ 733.74	\$ 244.58	
PRESCRIPTION DRUGS	2	20		1,467.47	73.37	3.333	733.74	244.58	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	2	20		1,467.47	73.37	3.333	733.74	244.58	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,766
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	30	\$ 637.00	\$ 21.23	5.000	\$ 127.40	\$ 106.17
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	30	637.00	21.23	5.000	127.40	106.17
MEDICAL	3	4	130.68	32.67	.667	43.56	21.78
SURGERY	1	1	133.00	133.00	.167	133.00	22.17
PATHOLOGY	3	19	181.39	9.55	3.167	60.46	30.23
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	6	191.93	31.99	1.000	63.98	31.99
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	5	30	\$ 637.00	\$ 21.23	5.000	\$ 127.40	\$ 106.17
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	30	637.00	21.23	5.000	127.40	106.17
MEDICAL	3	4	130.68	32.67	.667	43.56	21.78
SURGERY	1	1	133.00	133.00	.167	133.00	22.17
PATHOLOGY	3	19	181.39	9.55	3.167	60.46	30.23
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	6	191.93	31.99	1.000	63.98	31.99
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,767
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	18	\$	346.14	\$	19.23	\$	346.14
CLINIC	1	18		346.14		19.23		346.14
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

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01/29/04

						----- MONTHLY AVERAGE -----		
3,030 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	2,033	9,737 \$	1,141,847.50	\$ 117.27	3.214	\$ 561.66	\$ 376.85	
@PHYSICIANS SERVICES	949	3,407 \$	240,103.93	\$ 70.47	1.124	\$ 253.01	\$ 79.24	
OUTPATIENT VISITS	410	1,438	52,083.09	36.22	.475	127.03	17.19	
OFFICE VISITS	62	70	3,058.06	43.69	.023	49.32	1.01	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	53	62	3,805.77	61.38	.020	71.81	1.26	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	328	1,306	45,219.26	34.62	.431	137.86	14.92	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	170	385	25,103.59	65.20	.127	147.67	8.29	

HOSPITAL VISITS	160	276		12,915.67		46.80	.091	80.72	4.26
CRITICAL CARE	13	109		12,187.92		111.82	.036	937.53	4.02
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	208	480		117,222.07		244.21	.158	563.57	38.69
PRINCIPAL SURGEON	170	173		108,155.76		625.18	.057	636.21	35.69
ASSISTANT SURGEON	7	7		1,165.63		166.52	.002	166.52	.38
ANESTHESIOLOGIST	46	300		7,900.68		26.34	.099	171.75	2.61
OUTPATIENT SURGERY	112	167		17,263.41		103.37	.055	154.14	5.70
PRINCIPAL SURGEON	85	110		15,477.90		140.71	.036	182.09	5.11
ASSISTANT SURGEON	1	1		186.50		186.50	.000	186.50	.06
ANESTHESIOLOGIST	48	56		1,599.01		28.55	.018	33.31	.53
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	172	485		6,390.57		13.18	.160	37.15	2.11
RADIOLOGY	243	273		17,421.20		63.81	.090	71.69	5.75
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	47	89		1,660.50		18.66	.029	35.33	.55
OTHER SERVICES/ALL X-OVERS	41	90		2,959.50		32.88	.030	72.18	.98
@PHARMACY	437	810	\$	23,057.38	\$	28.47	.267	52.76	7.61
PRESCRIPTION DRUGS	437	806		22,987.25		28.52	.266	52.60	7.59
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	437	806		22,987.25		28.52	.266	52.60	7.59
MEDICAL SUPPLIES	3	4		70.13		17.53	.001	23.38	.02
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,770
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N								

	3,030 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$	209.98	\$ 52.50	.001	\$ 104.99	\$.07
NURSE ANESTHESIST	3	15	\$	295.20	\$ 19.68	.005	\$ 98.40	\$.10

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	703	3,279	\$	731,250.85	\$	223.01	1.082	\$	1040.19	\$	241.34
HOSP INPATIENT TOTAL	228	564		661,400.16		1172.70	.186		2900.88		218.28
HSC HOSPITALS	213	485		600,829.80		1238.82	.160		2820.80		198.29
NON-HSC HOSPITAL TOTAL	15	79		60,570.36		766.71	.026		4038.02		19.99
ACCOMMODATIONS	15	79		27,751.28		351.28	.026		1850.09		9.16
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	15	79		27,751.28		351.28	.026		1850.09		9.16
ANCILLARIES	15	0		32,819.08		.00	.000		2187.94		10.83
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	607	2,715		69,850.69		25.73	.896		115.08		23.05
MEDICAL	30	38		1,279.82		33.68	.013		42.66		.42
SURGERY	33	44		2,014.37		45.78	.015		61.04		.66
PATHOLOGY	231	989		9,980.45		10.09	.326		43.21		3.29
RADIOLOGY	69	73		6,085.60		83.36	.024		88.20		2.01
ROOM USE	267	480		21,634.96		45.07	.158		81.03		7.14
CROSSOVERS/ALL OTH OUTPTNT	360	1,091		28,855.49		26.45	.360		80.15		9.52
@COUNTY HOSPITAL TOTAL	417	2,094	\$	479,089.32	\$	228.79	.691	\$	1148.90	\$	158.12
CO HOSPITAL INPATIENT TOTAL	124	323		432,001.24		1337.47	.107		3483.88		142.57
HSC HOSPITALS	124	323		432,001.24		1337.47	.107		3483.88		142.57
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	361	1,771		47,088.08		26.59	.584		130.44		15.54
MEDICAL	20	23		703.60		30.59	.008		35.18		.23
SURGERY	18	27		1,174.10		43.49	.009		65.23		.39
PATHOLOGY	132	656		6,220.44		9.48	.217		47.12		2.05
RADIOLOGY	21	21		2,540.44		120.97	.007		120.97		.84
ROOM USE	193	350		15,118.34		43.20	.116		78.33		4.99
CROSSOVERS/ALL OTH OUTPTNT	228	694		21,331.16		30.74	.229		93.56		7.04

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	3,030 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	296	1,185	\$	252,161.53	\$ 212.79	.391	\$ 851.90	\$ 83.22
COMM HOSP INPATIENT TOTAL	104	241		229,398.92	951.86	.080	2205.76	75.71
HSC HOSPITALS	89	162		168,828.56	1042.15	.053	1896.95	55.72
NON-HSC HOSPITALS TOTAL	15	79		60,570.36	766.71	.026	4038.02	19.99
ACCOMMODATIONS	15	79		27,751.28	351.28	.026	1850.09	9.16
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	79		27,751.28	351.28	.026	1850.09	9.16
ANCILLARIES	15	0		32,819.08	.00	.000	2187.94	10.83
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	255	944		22,762.61	24.11	.312	89.27	7.51
MEDICAL	10	15		576.22	38.41	.005	57.62	.19
SURGERY	15	17		840.27	49.43	.006	56.02	.28
PATHOLOGY	99	333		3,760.01	11.29	.110	37.98	1.24

RADIOLOGY	48	52		3,545.16	68.18	.017	73.86	1.17
ROOM USE	77	130		6,516.62	50.13	.043	84.63	2.15
CROSSOVERS/ALL OTH OUTPTNT	136	397		7,524.33	18.95	.131	55.33	2.48
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	202	483	\$	7,568.71	\$ 15.67	.159	\$ 37.47	\$ 2.50
PATHOLOGY	202	483		7,568.71	15.67	.159	37.47	2.50
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	544	1,367	\$	124,962.81	\$ 91.41	.451	\$ 229.71	\$ 41.24
CLINIC	39	161		4,586.02	28.48	.053	117.59	1.51
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	505	1,206		120,376.79	99.81	.398	238.37	39.73
#CALIF DEPT OF HEALTH SERV								
MOP024								
KERN COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

PAGE 4,772
01/29/04

	3,030 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	126	372	\$	14,398.64	\$ 38.71	.123	\$ 114.27	\$ 4.75
DURABLE MED. EQUIP.	1	1		99.59	99.59	.000	99.59	.03
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	234		2,090.58	8.93	.077	139.37	.69
AMBULANCES/AIR TRANS	15	234		2,090.58	8.93	.077	139.37	.69
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102		10,586.00	103.78	.034	103.78	3.49
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	3	9		423.69	47.08	.003	141.23	.14
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	26		1,198.78	46.11	.009	199.80	.40
PROSTHETICS	5	20		657.08	32.85	.007	131.42	.22
ORTHOTICS	5	6		541.70	90.28	.002	108.34	.18
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	5	20	\$ 7,859.11	\$ 392.96	.007	\$ 1571.82	\$ 2.59
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,773
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38

2,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,740	19,154	\$ 715,388.48	\$ 37.35	6.495	\$ 150.93	\$ 242.59
@PHYSICIANS SERVICES	491	1,537	\$ 48,386.04	\$ 31.48	.521	\$ 98.55	\$ 16.41
OUTPATIENT VISITS	351	468	17,523.40	37.44	.159	49.92	5.94
OFFICE VISITS	214	276	9,801.32	35.51	.094	45.80	3.32
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	118	126	6,218.33	49.35	.043	52.70	2.11
PREVENTIVE CARE	6	6	250.03	41.67	.002	41.67	.08
OB VISITS/COMPRE PERI	10	46	829.87	18.04	.016	82.99	.28
OTHER OUTPATIENT	14	14	423.85	30.28	.005	30.28	.14
INPATIENT VISITS	29	211	10,552.25	50.01	.072	363.87	3.58
HOSPITAL VISITS	26	175	5,222.38	29.84	.059	200.86	1.77
CRITICAL CARE	3	36	5,329.87	148.05	.012	1776.62	1.81
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	241.71	40.29	.002	40.29	.08
EXAMINATIONS	5	5	233.71	46.74	.002	46.74	.08
SERVICES AND MATERIALS	1	1	8.00	8.00	.000	8.00	.00
INPATIENT HOSPITAL SURGERY	20	248	7,257.10	29.26	.084	362.86	2.46
PRINCIPAL SURGEON	11	10	4,996.87	499.69	.003	454.26	1.69
ASSISTANT SURGEON	1	1	167.16	167.16	.000	167.16	.06
ANESTHESIOLOGIST	8	237	2,093.07	8.83	.080	261.63	.71
OUTPATIENT SURGERY	25	45	3,551.74	78.93	.015	142.07	1.20
PRINCIPAL SURGEON	23	25	3,087.75	123.51	.008	134.25	1.05
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	20	463.99	23.20	.007	116.00	.16
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	59	275	1,645.72	5.98	.093	27.89	.56
RADIOLOGY	114	182	5,291.64	29.07	.062	46.42	1.79
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	19	255.54	13.45	.006	28.39	.09
OTHER SERVICES/ALL X-OVERS	48	83	2,066.94	24.90	.028	43.06	.70
@PHARMACY	763	2,115	\$ 112,209.96	\$ 53.05	.717	\$ 147.06	\$ 38.05
PRESCRIPTION DRUGS	757	1,701	111,266.41	65.41	.577	146.98	37.73
SNF/ICF	3	21	1,424.69	67.84	.007	474.90	.48
OUTPATIENTS	755	1,680	109,841.72	65.38	.570	145.49	37.25
MEDICAL SUPPLIES	21	414	943.55	2.28	.140	44.93	.32
@DENTIST	1,450	8,713	\$ 236,124.25	\$ 27.10	2.955	\$ 162.84	\$ 80.07
VISITS - DIAGNOSTIC	1,028	6,040	66,358.25	10.99	2.048	64.55	22.50
ORAL SURGERY	237	469	24,285.00	51.78	.159	102.47	8.23
DRUGS	59	67	1,380.00	20.60	.023	23.39	.47
ANESTHESIA	21	22	1,600.00	72.73	.007	76.19	.54
PERIODONTICS	52	56	7,006.00	125.11	.019	134.73	2.38
ENDODONTICS	138	240	29,779.00	124.08	.081	215.79	10.10
RESTORATIVE DENTISTRY	534	1,592	93,408.00	58.67	.540	174.92	31.67
PROSTHETICS	5	5	90.00	18.00	.002	18.00	.03

DENTURES, STAYPLATES	13	84	4,733.00	56.35	.028	364.08	1.60
SPACE MAINTAINERS	19	24	2,560.00	106.67	.008	134.74	.87
MAXILLOFACIAL SERVICES	3	3	400.00	133.33	.001	133.33	.14
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	63	68	4,375.00	64.34	.023	69.44	1.48
ALL OTHER SERVICES	45	43	150.00	3.49	.015	3.33	.05

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

AID CODE 38

PAGE 4,774 01/29/04

2,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	28	69	\$ 1,639.68	\$ 23.76	.023	\$ 58.56	\$.56
DIAGNOSTIC AND ANC. PROCED	20	20	949.00	47.45	.007	47.45	.32
EYE APPLIANCES	15	48	666.68	13.89	.016	44.45	.23
OTHER OPTOMETRIC SERVICES	1	1	24.00	24.00	.000	24.00	.01

@CHIROPRACTOR	27	35	\$	585.20	\$	16.72	.012	\$	21.67	\$	.20
VISITS	27	35		585.20		16.72	.012		21.67		.20
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	3	\$	99.49	\$	33.16	.001	\$	33.16	\$	.03
MEDICINE/INJECTIONS	3	3		99.49		33.16	.001		33.16		.03
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	3	5	\$	329.57	\$	65.91	.002	\$	109.86	\$	.11
NURSE ANESTHESIST	2	8	\$	155.71	\$	19.46	.003	\$	77.86	\$	.05
NURSE MIDWIFE	2	2	\$	120.96	\$	60.48	.001	\$	60.48	\$	.04
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	2	\$	67.55	\$	33.78	.001	\$	67.55	\$	.02
@TOTAL HOSPITAL	338	1,243	\$	137,310.47	\$	110.47	.421	\$	406.24	\$	46.56
HOSP INPATIENT TOTAL	23	77		107,584.73		1397.20	.026		4677.60		36.48
HSC HOSPITALS	20	69		100,116.03		1450.96	.023		5005.80		33.95
NON-HSC HOSPITAL TOTAL	3	8		7,468.70		933.59	.003		2489.57		2.53
ACCOMMODATIONS	3	8		2,890.00		361.25	.003		963.33		.98
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	8		2,890.00		361.25	.003		963.33		.98
ANCILLARIES	3	0		4,578.70		.00	.000		1526.23		1.55
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	320	1,166		29,725.74		25.49	.395		92.89		10.08
MEDICAL	83	117		4,361.42		37.28	.040		52.55		1.48
SURGERY	16	17		821.30		48.31	.006		51.33		.28
PATHOLOGY	122	507		6,163.21		12.16	.172		50.52		2.09
RADIOLOGY	83	108		5,717.41		52.94	.037		68.88		1.94
ROOM USE	175	205		8,087.55		39.45	.070		46.21		2.74
CROSSOVERS/ALL OTH OUTPTNT	121	212		4,574.85		21.58	.072		37.81		1.55
@COUNTY HOSPITAL TOTAL	71	172	\$	18,813.92	\$	109.38	.058	\$	264.98	\$	6.38
CO HOSPITAL INPATIENT TOTAL	4	10		13,500.00		1350.00	.003		3375.00		4.58
HSC HOSPITALS	4	10		13,500.00		1350.00	.003		3375.00		4.58
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	68	162		5,313.92		32.80	.055		78.15		1.80
MEDICAL	21	29		1,222.09		42.14	.010		58.19		.41
SURGERY	2	3		351.48		117.16	.001		175.74		.12
PATHOLOGY	11	61		609.41		9.99	.021		55.40		.21
RADIOLOGY	7	11		608.95		55.36	.004		86.99		.21
ROOM USE	24	31		1,247.00		40.23	.011		51.96		.42
CROSSOVERS/ALL OTH OUTPTNT	26	27		1,274.99		47.22	.009		49.04		.43

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MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	2,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	271	1,071	\$	118,496.55	\$	.363	\$	437.26	\$	40.18
COMM HOSP INPATIENT TOTAL	19	67		94,084.73		.023		4951.83		31.90
HSC HOSPITALS	16	59		86,616.03		.020		5413.50		29.37
NON-HSC HOSPITALS TOTAL	3	8		7,468.70		.003		2489.57		2.53
ACCOMMODATIONS	3	8		2,890.00		.003		963.33		.98

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	8	2,890.00	361.25	.003	963.33	.98
ANCILLARIES	3	0	4,578.70	.00	.000	1526.23	1.55
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	256	1,004	24,411.82	24.31	.340	95.36	8.28
MEDICAL	62	88	3,139.33	35.67	.030	50.63	1.06
SURGERY	14	14	469.82	33.56	.005	33.56	.16
PATHOLOGY	112	446	5,553.80	12.45	.151	49.59	1.88
RADIOLOGY	76	97	5,108.46	52.66	.033	67.22	1.73
ROOM USE	154	174	6,840.55	39.31	.059	44.42	2.32
CROSSOVERS/ALL OTH OUTPTNT	95	185	3,299.86	17.84	.063	34.74	1.12
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	9	3,342.96	371.44	.003	3342.96	1.13
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	1	9	3,342.96	371.44	.003	3342.96	1.13
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	77	281	3,844.29	13.68	.095	49.93	1.30
PATHOLOGY	77	281	3,844.29	13.68	.095	49.93	1.30
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,333	1,852	141,425.56	76.36	.628	106.10	47.96
CLINIC	31	63	1,383.63	21.96	.021	44.63	.47
SURGICENTER	2	6	278.84	46.47	.002	139.42	.09
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,300	1,783	139,763.09	78.39	.605	107.51	47.39

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,776
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

	2,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	881	3,280	\$	29,746.79	\$ 9.07	1.112	\$ 33.76	\$ 10.09
DURABLE MED. EQUIP.	6	17		896.19	52.72	.006	149.37	.30
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	196		1,658.79	8.46	.066	127.60	.56
AMBULANCES/AIR TRANS	13	196		1,658.79	8.46	.066	127.60	.56
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	17	17		1,785.00	105.00	.006	105.00	.61
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00

OPTICIAN	197	418	3,841.38	9.19	.142	19.50	1.30
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	4	334.53	83.63	.001	111.51	.11
PROSTHETICS	3	4	334.53	83.63	.001	111.51	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	15	962.61	64.17	.005	481.31	.33
SPEECH AND AUDIOLOGY	4	14	467.72	33.41	.005	116.93	.16
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	639	2,090	19,227.43	9.20	.709	30.09	6.52
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	509	573.14	1.13	.173	191.05	.19
@CALIF. CHILDREN SERVICES*	74	434	\$ 72,709.28	\$ 167.53	.147	\$ 982.56	\$ 24.66
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,777
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

	1,720 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	854	7,978	\$	336,778.95	\$ 42.21	4.638	\$ 394.35	\$ 195.80
@PHYSICIANS SERVICES	288	869	\$	35,081.82	\$ 40.37	.505	\$ 121.81	\$ 20.40
OUTPATIENT VISITS	207	317		10,502.91	33.13	.184	50.74	6.11
OFFICE VISITS	141	204		6,146.54	30.13	.119	43.59	3.57
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	58	71		3,501.18	49.31	.041	60.37	2.04
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	30		498.19	16.61	.017	62.27	.29
OTHER OUTPATIENT	11	12		357.00	29.75	.007	32.45	.21
INPATIENT VISITS	12	64		2,986.04	46.66	.037	248.84	1.74
HOSPITAL VISITS	12	64		2,986.04	46.66	.037	248.84	1.74
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		92.88	46.44	.001	46.44	.05
EXAMINATIONS	2	2		92.88	46.44	.001	46.44	.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	9		1,723.13	191.46	.005	287.19	1.00
PRINCIPAL SURGEON	6	7		1,619.18	231.31	.004	269.86	.94
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2		103.95	51.98	.001	103.95	.06
OUTPATIENT SURGERY	9	48		3,876.86	80.77	.028	430.76	2.25
PRINCIPAL SURGEON	6	7		3,206.21	458.03	.004	534.37	1.86
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	41		670.65	16.36	.024	223.55	.39
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	44	116		1,189.86	10.26	.067	27.04	.69
RADIOLOGY	62	106		6,991.45	65.96	.062	112.77	4.06
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	8	51		708.26	13.89	.030	88.53	.41
OTHER SERVICES/ALL X-OVERS	59	156		7,010.43	44.94	.091	118.82	4.08
@PHARMACY	455	3,404	\$	182,023.43	\$ 53.47	1.979	\$ 400.05	\$ 105.83
PRESCRIPTION DRUGS	447	1,456		114,582.23	78.70	.847	256.34	66.62
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	447	1,456		114,582.23	78.70	.847	256.34	66.62

MEDICAL SUPPLIES	39	1,948		67,441.20		34.62	1.133	1729.26		39.21
@DENTIST	112	712	\$	17,308.25	\$	24.31	.414	\$ 154.54	\$	10.06
VISITS - DIAGNOSTIC	84	514		4,688.00		9.12	.299	55.81		2.73
ORAL SURGERY	24	58		3,649.00		62.91	.034	152.04		2.12
DRUGS	5	9		145.00		16.11	.005	29.00		.08
ANESTHESIA	4	4		400.00		100.00	.002	100.00		.23
PERIODONTICS	4	4		518.00		129.50	.002	129.50		.30
ENDODONTICS	11	17		2,480.25		145.90	.010	225.48		1.44
RESTORATIVE DENTISTRY	34	93		4,815.00		51.77	.054	141.62		2.80
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	3	5		613.00		122.60	.003	204.33		.36
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	4	8		.00		.00	.005	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								PAGE 4,778	
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04	
KERN COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P									

----- MONTHLY AVERAGE -----									
1,720 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	22	55	\$ 1,179.90	\$ 21.45	.032	\$ 53.63	\$.69		
DIAGNOSTIC AND ANC. PROCED	13	13	580.13	44.63	.008	44.63	.34		
EYE APPLIANCES	15	41	588.36	14.35	.024	39.22	.34		
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.001	11.41	.01		
@CHIROPRACTOR	7	10	\$ 167.20	\$ 16.72	.006	\$ 23.89	\$.10		
VISITS	7	10	167.20	16.72	.006	23.89	.10		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	1	5	\$ 22.76	\$ 4.55	.003	\$ 22.76	\$.01		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	1	5	22.76	4.55	.003	22.76	.01		
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00		
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00		
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00		
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00		
@TOTAL HOSPITAL	161	741	\$ 66,402.96	\$ 89.61	.431	\$ 412.44	\$ 38.61		
HOSP INPATIENT TOTAL	8	38	46,735.04	1229.87	.022	5841.88	27.17		
HSC HOSPITALS	8	38	46,735.04	1229.87	.022	5841.88	27.17		
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	154	703	19,667.92	27.98	.409	127.71	11.43		
MEDICAL	58	81	3,617.70	44.66	.047	62.37	2.10		
SURGERY	11	12	766.06	63.84	.007	69.64	.45		
PATHOLOGY	65	304	3,453.84	11.36	.177	53.14	2.01		
RADIOLOGY	46	56	3,951.82	70.57	.033	85.91	2.30		
ROOM USE	99	144	5,611.24	38.97	.084	56.68	3.26		
CROSSOVERS/ALL OTH OUTPTNT	50	106	2,267.26	21.39	.062	45.35	1.32		
@COUNTY HOSPITAL TOTAL	81	304	\$ 25,090.57	\$ 82.53	.177	\$ 309.76	\$ 14.59		
CO HOSPITAL INPATIENT TOTAL	3	13	16,310.04	1254.62	.008	5436.68	9.48		
HSC HOSPITALS	3	13	16,310.04	1254.62	.008	5436.68	9.48		

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	79	291	8,780.53	30.17	.169	111.15	5.10
MEDICAL	32	40	1,490.20	37.26	.023	46.57	.87
SURGERY	5	5	666.35	133.27	.003	133.27	.39
PATHOLOGY	25	121	1,377.42	11.38	.070	55.10	.80
RADIOLOGY	19	23	1,802.98	78.39	.013	94.89	1.05
ROOM USE	54	77	3,126.72	40.61	.045	57.90	1.82
CROSSOVERS/ALL OTH OUTPTNT	16	25	316.86	12.67	.015	19.80	.18

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,779

1,720 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	92	437	\$ 41,312.39	\$ 94.54	.254	\$ 449.05	\$ 24.02
COMM HOSP INPATIENT TOTAL	6	25	30,425.00	1217.00	.015	5070.83	17.69
HSC HOSPITALS	6	25	30,425.00	1217.00	.015	5070.83	17.69
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	86	412	10,887.39	26.43	.240	126.60	6.33
MEDICAL	27	41	2,127.50	51.89	.024	78.80	1.24
SURGERY	6	7	99.71	14.24	.004	16.62	.06
PATHOLOGY	42	183	2,076.42	11.35	.106	49.44	1.21
RADIOLOGY	28	33	2,148.84	65.12	.019	76.74	1.25
ROOM USE	54	67	2,484.52	37.08	.039	46.01	1.44
CROSSOVERS/ALL OTH OUTPTNT	35	81	1,950.40	24.08	.047	55.73	1.13
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	59	346	\$ 4,090.13	\$ 11.82	.201	\$ 69.32	\$ 2.38
PATHOLOGY	59	346	4,090.13	11.82	.201	69.32	2.38
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	88	223	\$ 15,362.62	\$ 68.89	.130	\$ 174.58	\$ 8.93
CLINIC	22	84	1,882.45	22.41	.049	85.57	1.09
SURGICENTER	4	23	1,233.02	53.61	.013	308.26	.72
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	62	116	12,247.15	105.58	.067	197.53	7.12

#CALIF DEPT OF HEALTH SERV
MOP024
KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

PAGE 4,780
01/29/04

1,720 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	150	1,613	\$ 15,139.88	\$ 9.39	.938	\$ 100.93	\$ 8.80
DURABLE MED. EQUIP.	2	2	197.34	98.67	.001	98.67	.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	24	202	2,987.54	14.79	.117	124.48	1.74
AMBULANCES/AIR TRANS	23	196	2,969.42	15.15	.114	129.11	1.73
OTHER TRANS	1	6	18.12	3.02	.003	18.12	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	3	260.66	86.89	.002	260.66	.15
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	30	62	620.77	10.01	.036	20.69	.36
PHYSICAL THERAPIST	2	2	69.68	34.84	.001	34.84	.04
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	146.66	48.89	.002	73.33	.09
PROSTHETICS	1	2	78.86	39.43	.001	78.86	.05
ORTHOTICS	1	1	67.80	67.80	.001	67.80	.04
PSYCHOLOGIST	3	6	164.40	27.40	.003	54.80	.10
SPEECH AND AUDIOLOGY	1	2	88.99	44.50	.001	88.99	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	87	1,331	10,603.84	7.97	.774	121.88	6.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	43	185	\$ 86,647.30	\$ 468.36	.108	\$ 2015.05	\$ 50.38
@XOVER EXCLUDING STATE HOSP**	19	1,116	\$ 1,220.85	\$ 1.09	.649	\$ 64.26	\$.71

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,781
MOP024	FEE-FOR-SERVICE/DENTAL		01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED	AID CODE 1E	

976 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,455	48,476	\$ 2,542,609.30	\$ 52.45	49.668	\$ 1747.50	\$ 2605.13
@PHYSICIANS SERVICES	166	554	\$ 5,321.17	\$ 9.61	.568	\$ 32.06	\$ 5.45
OUTPATIENT VISITS	1	2	48.00	24.00	.002	48.00	.05
OFFICE VISITS	1	2	48.00	24.00	.002	48.00	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	25.98	4.33	.006	8.66	.03
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	163	546	5,247.19	9.61	.559	32.19	5.38
@PHARMACY	1,250	8,572	\$ 384,356.14	\$ 44.84	8.783	\$ 307.48	\$ 393.81
PRESCRIPTION DRUGS	1,241	6,430	379,357.99	59.00	6.588	305.69	388.69
SNF/ICF	501	3,610	188,240.24	52.14	3.699	375.73	192.87
OUTPATIENTS	750	2,820	191,117.75	67.77	2.889	254.82	195.82
MEDICAL SUPPLIES	68	2,142	4,998.15	2.33	2.195	73.50	5.12
@DENTIST	50	200	\$ 13,145.00	\$ 65.73	.205	\$ 262.90	\$ 13.47
VISITS - DIAGNOSTIC	36	114	1,103.00	9.68	.117	30.64	1.13
ORAL SURGERY	7	16	685.00	42.81	.016	97.86	.70
DRUGS	1	1	15.00	15.00	.001	15.00	.02
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.10
PERIODONTICS	4	4	554.00	138.50	.004	138.50	.57
ENDODONTICS	3	4	905.00	226.25	.004	301.67	.93
RESTORATIVE DENTISTRY	8	22	4,225.00	192.05	.023	528.13	4.33
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	15	34	5,558.00	163.47	.035	370.53	5.69
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	4	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003						
MOP024	FEE-FOR-SERVICE/DENTAL						
KERN COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED						
				AID CODE 1E	----- MONTHLY AVERAGE -----		

976 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	28	67	\$ 1,358.27	\$ 20.27	.069	\$ 48.51	\$ 1.39
DIAGNOSTIC AND ANC. PROCED	9	9	427.05	47.45	.009	47.45	.44
EYE APPLIANCES	16	46	800.86	17.41	.047	50.05	.82
OTHER OPTOMETRIC SERVICES	6	12	130.36	10.86	.012	21.73	.13
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	47	75	\$ 309.92	\$ 4.13	.077	\$ 6.59	\$.32
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	47	75	309.92	4.13	.077	6.59	.32
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	59	398	\$ 55,981.88	\$ 140.66	.408	\$ 948.85	\$ 57.36
HOSP INPATIENT TOTAL	26	175	52,222.25	298.41	.179	2008.55	53.51
HSC HOSPITALS	1	18	19,910.08	1106.12	.018	19910.08	20.40
NON-HSC HOSPITAL TOTAL	1	8	3,231.70	403.96	.008	3231.70	3.31
ACCOMMODATIONS	1	8	1,059.55	132.44	.008	1059.55	1.09
ADMINISTRATIVE DAYS	1	8	1,059.55	132.44	.008	1059.55	1.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,172.15	.00	.000	2172.15	2.23
INPATIENT CROSSOVERS	25	149	29,080.47	195.17	.153	1163.22	29.80
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	35	223		3,759.63		16.86	.228	107.42	3.85
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	35	223		3,759.63		16.86	.228	107.42	3.85
@COUNTY HOSPITAL TOTAL	1	0	\$	840.00	\$	.00	.000	\$ 840.00	\$.86
CO HOSPITAL INPATIENT TOTAL	1	0		840.00		.00	.000	840.00	.86
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	1	0		840.00		.00	.000	840.00	.86
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003								
MOP024	FEE-FOR-SERVICE/DENTAL								
KERN COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED								
	AID CODE 1E								

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976 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	58	398	\$ 55,141.88	\$ 138.55	.408	\$ 950.72	\$ 56.50
COMM HOSP INPATIENT TOTAL	25	175	51,382.25	293.61	.179	2055.29	52.65
HSC HOSPITALS	1	18	19,910.08	1106.12	.018	19910.08	20.40
NON-HSC HOSPITALS TOTAL	1	8	3,231.70	403.96	.008	3231.70	3.31
ACCOMMODATIONS	1	8	1,059.55	132.44	.008	1059.55	1.09
ADMINISTRATIVE DAYS	1	8	1,059.55	132.44	.008	1059.55	1.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,172.15	.00	.000	2172.15	2.23
INPATIENT CROSSOVERS	24	149	28,240.47	189.53	.153	1176.69	28.93
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	35	223	3,759.63	16.86	.228	107.42	3.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	35	223	3,759.63	16.86	.228	107.42	3.85
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	529	14,533	\$ 2,032,230.55	\$ 139.84	14.890	\$ 3841.65	\$ 2082.20
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	244	134,804.18	552.48	.250	14978.24	138.12
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	525	14,289	1,897,426.37	132.79	14.640	3614.15	1944.08
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	11	\$	4,339.25	\$ 394.48	.011	\$ 482.14	\$ 4.45
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	11		4,339.25	394.48	.011	482.14	4.45
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	6	\$	93.52	\$ 15.59	.006	\$ 31.17	\$.10
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	3	6		93.52	15.59	.006	31.17	.10
@ORGANIZED OUTPATIENT CLINIC	52	63	\$	3,636.48	\$ 57.72	.065	\$ 69.93	\$ 3.73
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	8	11		1,657.14	150.65	.011	207.14	1.70
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00

RURAL HEALTH CLINIC
#CALIF DEPT OF HEALTH SERV
MOP024
KERN COUNTY

44 52 1,979.34 38.06 .053 44.99 2.03
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

AID CODE 1E
----- MONTHLY AVERAGE -----
PAGE 4,784
01/29/04

976 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	269	23,997	\$ 41,837.12	\$ 1.74	24.587	\$ 155.53	\$ 42.87
DURABLE MED. EQUIP.	17	109	10,526.29	96.57	.112	619.19	10.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	6	1,947.07	324.51	.006	324.51	1.99
MEDICAL TRANSPORTATION	78	1,961	10,868.57	5.54	2.009	139.34	11.14
AMBULANCES/AIR TRANS	2	4	221.42	55.36	.004	110.71	.23
OTHER TRANS	72	1,853	10,232.89	5.52	1.899	142.12	10.48
OTHER SERVICES	8	104	414.26	3.98	.107	51.78	.42
ACUPUNCTURE	2	4	64.88	16.22	.004	32.44	.07
ADULT DAY HEALTH CARE CTR	1	11	765.38	69.58	.011	765.38	.78
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	4	12	1,454.51	121.21	.012	363.63	1.49
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	39	88	1,184.48	13.46	.090	30.37	1.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	1.09	1.09	.001	1.09	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	12	494.42	41.20	.012	61.80	.51
HOSPICE SERVICES	1	22	2,499.64	113.62	.023	2499.64	2.56
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	142	21,771	12,030.79	.55	22.306	84.72	12.33
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	404	14,542	\$ 105,480.66	\$ 7.25	14.900	\$ 261.09	\$ 108.07

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,785
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	141	10,011	\$ 230,309.90	\$ 23.01	104.281	\$ 1633.40	\$ 2399.06
@PHYSICIANS SERVICES	23	62	\$ 3,245.48	\$ 52.35	.646	\$ 141.11	\$ 33.81
OUTPATIENT VISITS	5	8	294.14	36.77	.083	58.83	3.06
OFFICE VISITS	5	6	181.19	30.20	.063	36.24	1.89
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	112.95	56.48	.021	112.95	1.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	5	12		1,823.89	151.99	.125	364.78	19.00
PRINCIPAL SURGEON	4	4		1,635.88	408.97	.042	408.97	17.04
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8		188.01	23.50	.083	188.01	1.96
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	9		72.52	8.06	.094	24.17	.76
RADIOLOGY	2	3		272.91	90.97	.031	136.46	2.84
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		13.76	13.76	.010	13.76	.14
OTHER SERVICES/ALL X-OVERS	14	29		768.26	26.49	.302	54.88	8.00
@PHARMACY	122	1,225	\$	51,497.40	\$ 42.04	12.760	\$ 422.11	\$ 536.43
PRESCRIPTION DRUGS	121	762		51,013.97	66.95	7.938	421.60	531.40
SNF/ICF	49	414		20,804.40	50.25	4.313	424.58	216.71
OUTPATIENTS	72	348		30,209.57	86.81	3.625	419.58	314.68
MEDICAL SUPPLIES	9	463		483.43	1.04	4.823	53.71	5.04
@DENTIST	2	11	\$	1,005.00	\$ 91.36	.115	\$ 502.50	\$ 10.47
VISITS - DIAGNOSTIC	2	7		105.00	15.00	.073	52.50	1.09
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4		900.00	225.00	.042	450.00	9.38
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 4,786
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KERN COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E							

96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	8	\$ 201.12	\$ 25.14	.083	\$ 67.04	\$ 2.10
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.021	47.45	.99
EYE APPLIANCES	2	6	106.22	17.70	.063	53.11	1.11
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	17	\$ 25.24	\$ 1.48	.177	\$ 2.80	\$.26
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	17	25.24	1.48	.177	2.80	.26
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	10	43	\$ 1,749.37	\$ 40.68	.448	\$ 174.94	\$ 18.22

HOSP INPATIENT TOTAL	1	6		840.00	140.00	.063	840.00	8.75
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6		840.00	140.00	.063	840.00	8.75
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	37		909.37	24.58	.385	90.94	9.47
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		228.36	228.36	.010	228.36	2.38
PATHOLOGY	3	16		190.43	11.90	.167	63.48	1.98
RADIOLOGY	2	2		52.67	26.34	.021	26.34	.55
ROOM USE	4	6		347.26	57.88	.063	86.82	3.62
CROSSOVERS/ALL OTH OUTPTNT	5	12		90.65	7.55	.125	18.13	.94
@COUNTY HOSPITAL TOTAL	1	1	\$	33.00	\$ 33.00	.010	\$ 33.00	\$.34
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1		33.00	33.00	.010	33.00	.34
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		33.00	33.00	.010	33.00	.34
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							
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96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	42	\$ 1,716.37	\$ 40.87	.438	\$ 190.71	\$ 17.88
COMM HOSP INPATIENT TOTAL	1	6	840.00	140.00	.063	840.00	8.75
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6	840.00	140.00	.063	840.00	8.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	36	876.37	24.34	.375	97.37	9.13
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	228.36	228.36	.010	228.36	2.38
PATHOLOGY	3	16	190.43	11.90	.167	63.48	1.98
RADIOLOGY	2	2	52.67	26.34	.021	26.34	.55
ROOM USE	3	5	314.26	62.85	.052	104.75	3.27
CROSSOVERS/ALL OTH OUTPTNT	5	12	90.65	7.55	.125	18.13	.94
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	49	1,334	\$	158,219.91	\$ 118.61	13.896	\$ 3228.98	\$ 1648.12
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	49	1,334		158,219.91	118.61	13.896	3228.98	1648.12
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	6	\$	4,265.97	\$ 711.00	.063	\$ 711.00	\$ 44.44
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	6		4,265.97	711.00	.063	711.00	44.44
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	10	\$	426.63	\$ 42.66	.104	\$ 142.21	\$ 4.44
PATHOLOGY	3	10		426.63	42.66	.104	142.21	4.44
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	11	\$	1,020.86	\$ 92.81	.115	\$ 255.22	\$ 10.63
CLINIC	1	1		32.62	32.62	.010	32.62	.34
SURGICENTER	1	6		178.24	29.71	.063	178.24	1.86
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	4		810.00	202.50	.042	405.00	8.44
#CALIF DEPT OF HEALTH SERV								
MOP024								
KERN COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

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96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	41	7,284	\$ 8,652.92	\$ 1.19	75.875	\$ 211.05	\$ 90.13
DURABLE MED. EQUIP.	4	14	2,705.51	193.25	.146	676.38	28.18
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	60	363.53	6.06	.625	60.59	3.79
AMBULANCES/AIR TRANS	2	14	183.20	13.09	.146	91.60	1.91
OTHER TRANS	4	46	180.33	3.92	.479	45.08	1.88
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	14	1,913.96	136.71	.146	956.98	19.94
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	9	131.27	14.59	.094	65.64	1.37
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	132	640.69	4.85	1.375	128.14	6.67
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	27	7,055		2,897.96		.41	73.490		107.33		30.19
@CALIF. CHILDREN SERVICES*	2	673	\$	307.50	\$	.46	7.010	\$	153.75	\$	3.20
@XOVER EXCLUDING STATE HOSP**	43	94	\$	8,162.84	\$	86.84	.979	\$	189.83	\$	85.03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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KERN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

						----- MONTHLY AVERAGE -----		
3,347 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,115	145,889	\$	3,327,107.56	\$ 22.81	43.588	\$ 808.53	\$ 994.06
@PHYSICIANS SERVICES	818	3,438	\$	122,968.09	\$ 35.77	1.027	\$ 150.33	\$ 36.74
OUTPATIENT VISITS	426	580		22,636.04	39.03	.173	53.14	6.76
OFFICE VISITS	325	454		15,322.56	33.75	.136	47.15	4.58

HOME VISITS	5	5	300.56	60.11	.001	60.11	.09
EMERGENCY ROOM	90	96	6,153.94	64.10	.029	68.38	1.84
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	21	25	858.98	34.36	.007	40.90	.26
INPATIENT VISITS	78	344	18,521.25	53.84	.103	237.45	5.53
HOSPITAL VISITS	73	313	15,118.42	48.30	.094	207.10	4.52
CRITICAL CARE	5	25	3,151.47	126.06	.007	630.29	.94
SNF/ICF/TRANS IP CARE	5	6	251.36	41.89	.002	50.27	.08
OPHTHALMOLOGICAL SERVICES	10	12	566.00	47.17	.004	56.60	.17
EXAMINATIONS	10	12	566.00	47.17	.004	56.60	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	36	286	19,787.85	69.19	.085	549.66	5.91
PRINCIPAL SURGEON	21	35	14,158.01	404.51	.010	674.19	4.23
ASSISTANT SURGEON	2	2	681.12	340.56	.001	340.56	.20
ANESTHESIOLOGIST	17	249	4,948.72	19.87	.074	291.10	1.48
OUTPATIENT SURGERY	37	139	13,470.47	96.91	.042	364.07	4.02
PRINCIPAL SURGEON	30	42	11,595.05	276.07	.013	386.50	3.46
ASSISTANT SURGEON	1	2	227.10	113.55	.001	227.10	.07
ANESTHESIOLOGIST	9	95	1,648.32	17.35	.028	183.15	.49
DIALYSIS	9	44	1,427.98	32.45	.013	158.66	.43
PATHOLOGY	105	415	3,133.29	7.55	.124	29.84	.94
RADIOLOGY	162	347	16,280.92	46.92	.104	100.50	4.86
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	36	78	530.89	6.81	.023	14.75	.16
OTHER SERVICES/ALL X-OVERS	360	1,193	26,613.40	22.31	.356	73.93	7.95
@PHARMACY	3,252	29,914	\$ 1,153,267.94	\$ 38.55	8.938	\$ 354.63	\$ 344.57
PRESCRIPTION DRUGS	3,211	14,239	1,122,938.93	78.86	4.254	349.72	335.51
SNF/ICF	335	2,704	158,476.23	58.61	.808	473.06	47.35
OUTPATIENTS	2,901	11,535	964,462.70	83.61	3.446	332.46	288.16
MEDICAL SUPPLIES	278	15,675	30,329.01	1.93	4.683	109.10	9.06
@DENTIST	231	1,160	\$ 41,786.28	\$ 36.02	.347	\$ 180.89	\$ 12.48
VISITS - DIAGNOSTIC	157	764	7,651.00	10.01	.228	48.73	2.29
ORAL SURGERY	30	122	4,529.00	37.12	.036	150.97	1.35
DRUGS	2	2	40.00	20.00	.001	20.00	.01
ANESTHESIA	3	3	300.00	100.00	.001	100.00	.09
PERIODONTICS	24	27	2,599.00	96.26	.008	108.29	.78
ENDODONTICS	16	26	5,590.00	215.00	.008	349.38	1.67
RESTORATIVE DENTISTRY	58	137	8,168.00	59.62	.041	140.83	2.44
PROSTHETICS	2	2	60.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	23	67	11,814.28	176.33	.020	513.66	3.53
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	6	960.00	160.00	.002	240.00	.29
ALL OTHER SERVICES	9	4	75.00	18.75	.001	8.33	.02

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

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	3,347 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
						UNITS/DAYS PER ELIG			
@OPTOMETRIST	82	198	\$	4,805.68	\$ 24.27	.059	\$ 58.61	\$ 1.44	
DIAGNOSTIC AND ANC. PROCED	51	52		2,379.66	45.76	.016	46.66	.71	
EYE APPLIANCES	50	141		2,317.95	16.44	.042	46.36	.69	
OTHER OPTOMETRIC SERVICES	4	5		108.07	21.61	.001	27.02	.03	
@CHIROPRACTOR	25	34	\$	568.48	\$ 16.72	.010	\$ 22.74	\$.17	
VISITS	25	34		568.48	16.72	.010	22.74	.17	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	58	123	\$	1,331.13	\$ 10.82	.037	\$ 22.95	\$.40	

MEDICINE/INJECTIONS	15	18		593.60	32.98	.005	39.57	.18
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	2		34.60	17.30	.001	17.30	.01
OTHER	43	103		702.93	6.82	.031	16.35	.21
@HOME HEALTH AGENCY	8	49	\$	2,067.92	\$ 42.20	.015	\$ 258.49	\$.62
NURSE ANESTHESIST	1	5	\$	122.65	\$ 24.53	.001	\$ 122.65	\$.04
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	450	2,640	\$	575,009.64	\$ 217.81	.789	\$ 1277.80	\$ 171.80
HOSP INPATIENT TOTAL	97	451		520,258.87	1153.57	.135	5363.49	155.44
HSC HOSPITALS	58	326		422,996.21	1297.53	.097	7293.04	126.38
NON-HSC HOSPITAL TOTAL	10	42		70,020.82	1667.16	.013	7002.08	20.92
ACCOMMODATIONS	10	42		14,680.90	349.55	.013	1468.09	4.39
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	42		14,680.90	349.55	.013	1468.09	4.39
ANCILLARIES	10	0		55,339.92	.00	.000	5533.99	16.53
INPATIENT CROSSOVERS	30	83		27,241.84	328.21	.025	908.06	8.14
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	386	2,189		54,750.77	25.01	.654	141.84	16.36
MEDICAL	128	217		10,561.21	48.67	.065	82.51	3.16
SURGERY	30	36		2,492.84	69.25	.011	83.09	.74
PATHOLOGY	164	901		10,314.70	11.45	.269	62.89	3.08
RADIOLOGY	98	157		10,332.65	65.81	.047	105.44	3.09
ROOM USE	219	340		13,506.96	39.73	.102	61.68	4.04
CROSSOVERS/ALL OTH OUTPTNT	135	538		7,542.41	14.02	.161	55.87	2.25
@COUNTY HOSPITAL TOTAL	183	775	\$	143,372.79	\$ 185.00	.232	\$ 783.46	\$ 42.84
CO HOSPITAL INPATIENT TOTAL	15	106		124,195.00	1171.65	.032	8279.67	37.11
HSC HOSPITALS	14	97		123,355.00	1271.70	.029	8811.07	36.86
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	9		840.00	93.33	.003	840.00	.25
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	175	669		19,177.79	28.67	.200	109.59	5.73
MEDICAL	69	113		3,753.65	33.22	.034	54.40	1.12
SURGERY	7	8		1,068.73	133.59	.002	152.68	.32
PATHOLOGY	65	290		3,310.00	11.41	.087	50.92	.99
RADIOLOGY	32	41		3,476.26	84.79	.012	108.63	1.04
ROOM USE	125	178		6,576.89	36.95	.053	52.62	1.97
CROSSOVERS/ALL OTH OUTPTNT	22	39		992.26	25.44	.012	45.10	.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003							PAGE 4,791
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E							

----- MONTHLY AVERAGE -----								
3,347 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	283	1,865	\$ 431,636.85	\$ 231.44	.557	\$ 1525.22	\$ 128.96	
COMM HOSP INPATIENT TOTAL	83	345	396,063.87	1148.01	.103	4771.85	118.33	
HSC HOSPITALS	44	229	299,641.21	1308.48	.068	6810.03	89.53	
NON-HSC HOSPITALS TOTAL	10	42	70,020.82	1667.16	.013	7002.08	20.92	
ACCOMMODATIONS	10	42	14,680.90	349.55	.013	1468.09	4.39	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	10	42	14,680.90	349.55	.013	1468.09	4.39	
ANCILLARIES	10	0	55,339.92	.00	.000	5533.99	16.53	

INPATIENT CROSSOVERS	29	74		26,401.84	356.78	.022	910.41	7.89
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	224	1,520		35,572.98	23.40	.454	158.81	10.63
MEDICAL	60	104		6,807.56	65.46	.031	113.46	2.03
SURGERY	23	28		1,424.11	50.86	.008	61.92	.43
PATHOLOGY	101	611		7,004.70	11.46	.183	69.35	2.09
RADIOLOGY	67	116		6,856.39	59.11	.035	102.33	2.05
ROOM USE	100	162		6,930.07	42.78	.048	69.30	2.07
CROSSOVERS/ALL OTH OUTPTNT	115	499		6,550.15	13.13	.149	56.96	1.96
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	296	7,872	\$	1,025,024.20	\$ 130.21	2.352	\$ 3462.92	\$ 306.25
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	296	7,872		1,025,024.20	130.21	2.352	3462.92	306.25
@INTERMEDIATE CARE FACIL.-DD	36	892	\$	140,585.93	\$ 157.61	.267	\$ 3905.16	\$ 42.00
ICF DDH	27	665		99,102.50	149.03	.199	3670.46	29.61
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	9	227		41,483.43	182.75	.068	4609.27	12.39
@HEMODIALYSIS TOTAL	38	161	\$	22,091.31	\$ 137.21	.048	\$ 581.35	\$ 6.60
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	38	161		22,091.31	137.21	.048	581.35	6.60
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	152	725	\$	9,550.78	\$ 13.17	.217	\$ 62.83	\$ 2.85
PATHOLOGY	146	696		9,368.38	13.46	.208	64.17	2.80
XO AND OTHERS	6	29		182.40	6.29	.009	30.40	.05
@ORGANIZED OUTPATIENT CLINIC	339	583	\$	41,795.04	\$ 71.69	.174	\$ 123.29	\$ 12.49
CLINIC	40	69		1,637.85	23.74	.021	40.95	.49
SURGICENTER	13	43		2,304.15	53.58	.013	177.24	.69
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	289	471		37,853.04	80.37	.141	130.98	11.31

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,792
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
KERN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

3,347 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	767	98,095	\$ 186,132.49	\$ 1.90	29.308	\$ 242.68	\$ 55.61
DURABLE MED. EQUIP.	74	253	56,311.92	222.58	.076	760.97	16.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	6	4,268.56	711.43	.002	853.71	1.28
MEDICAL TRANSPORTATION	136	12,435	36,153.51	2.91	3.715	265.83	10.80
AMBULANCES/AIR TRANS	55	379	7,110.87	18.76	.113	129.29	2.12
OTHER TRANS	85	12,056	29,042.64	2.41	3.602	341.68	8.68
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	9	108	7,460.50	69.08	.032	828.94	2.23
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	3	15	1,952.46	130.16	.004	650.82	.58
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	119	282	3,425.51	12.15	.084	28.79	1.02
PHYSICAL THERAPIST	2	5	90.94	18.19	.001	45.47	.03
PORTABLE X-RAY	1	2	2.35	1.18	.001	2.35	.00
PROSTHETIST/ORTHOTISTS	20	57	12,596.42	220.99	.017	629.82	3.76

PROSTHETICS	20	57	12,596.42	220.99	.017	629.82	3.76
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	237.37	59.34	.001	237.37	.07
SPEECH AND AUDIOLOGY	21	52	1,841.02	35.40	.016	87.67	.55
HOSPICE SERVICES	8	136	15,654.69	115.11	.041	1956.84	4.68
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	167	3,955	21,631.73	5.47	1.182	129.53	6.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	269	80,784	24,400.51	.30	24.136	90.71	7.29
@CALIF. CHILDREN SERVICES*	89	1,965	\$ 256,566.58	\$ 130.57	.587	\$ 2882.77	\$ 76.66
@XOVER EXCLUDING STATE HOSP**	511	7,820	\$ 129,270.09	\$ 16.53	2.336	\$ 252.97	\$ 38.62

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 4,793
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
KERN COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

4,419 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,711	204,376	\$ 6,100,026.76	\$ 29.85	46.249	\$ 1068.12	\$ 1380.41
@PHYSICIANS SERVICES	1,007	4,054	\$ 131,534.74	\$ 32.45	.917	\$ 130.62	\$ 29.77
OUTPATIENT VISITS	432	590	22,978.18	38.95	.134	53.19	5.20
OFFICE VISITS	331	462	15,551.75	33.66	.105	46.98	3.52
HOME VISITS	5	5	300.56	60.11	.001	60.11	.07
EMERGENCY ROOM	91	98	6,266.89	63.95	.022	68.87	1.42
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	21	25	858.98	34.36	.006	40.90	.19
INPATIENT VISITS	78	344	18,521.25	53.84	.078	237.45	4.19
HOSPITAL VISITS	73	313	15,118.42	48.30	.071	207.10	3.42
CRITICAL CARE	5	25	3,151.47	126.06	.006	630.29	.71
SNF/ICF/TRANS IP CARE	5	6	251.36	41.89	.001	50.27	.06
OPHTHALMOLOGICAL SERVICES	10	12	566.00	47.17	.003	56.60	.13
EXAMINATIONS	10	12	566.00	47.17	.003	56.60	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	36	286	19,787.85	69.19	.065	549.66	4.48
PRINCIPAL SURGEON	21	35	14,158.01	404.51	.008	674.19	3.20
ASSISTANT SURGEON	2	2	681.12	340.56	.000	340.56	.15
ANESTHESIOLOGIST	17	249	4,948.72	19.87	.056	291.10	1.12
OUTPATIENT SURGERY	42	151	15,294.36	101.29	.034	364.15	3.46
PRINCIPAL SURGEON	34	46	13,230.93	287.63	.010	389.15	2.99
ASSISTANT SURGEON	1	2	227.10	113.55	.000	227.10	.05
ANESTHESIOLOGIST	10	103	1,836.33	17.83	.023	183.63	.42
DIALYSIS	9	44	1,427.98	32.45	.010	158.66	.32
PATHOLOGY	111	430	3,231.79	7.52	.097	29.12	.73
RADIOLOGY	164	350	16,553.83	47.30	.079	100.94	3.75
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	37	79	544.65	6.89	.018	14.72	.12
OTHER SERVICES/ALL X-OVERS	537	1,768	32,628.85	18.46	.400	60.76	7.38
@PHARMACY	4,624	39,711	\$ 1,589,121.48	\$ 40.02	8.986	\$ 343.67	\$ 359.61
PRESCRIPTION DRUGS	4,573	21,431	1,553,310.89	72.48	4.850	339.67	351.51
SNF/ICF	885	6,728	367,520.87	54.63	1.523	415.28	83.17
OUTPATIENTS	3,723	14,703	1,185,790.02	80.65	3.327	318.50	268.34
MEDICAL SUPPLIES	355	18,280	35,810.59	1.96	4.137	100.87	8.10
@DENTIST	283	1,371	\$ 55,936.28	\$ 40.80	.310	\$ 197.65	\$ 12.66
VISITS - DIAGNOSTIC	195	885	8,859.00	10.01	.200	45.43	2.00
ORAL SURGERY	37	138	5,214.00	37.78	.031	140.92	1.18

DRUGS	3	3	55.00	18.33	.001	18.33	.01
ANESTHESIA	4	4	400.00	100.00	.001	100.00	.09
PERIODONTICS	28	31	3,153.00	101.71	.007	112.61	.71
ENDODONTICS	19	30	6,495.00	216.50	.007	341.84	1.47
RESTORATIVE DENTISTRY	66	159	12,393.00	77.94	.036	187.77	2.80
PROSTHETICS	2	2	60.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	40	105	18,272.28	174.02	.024	456.81	4.13
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	6	960.00	160.00	.001	240.00	.22
ALL OTHER SERVICES	11	8	75.00	9.38	.002	6.82	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,794
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----

4,419 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	113	273	\$ 6,365.07	\$ 23.32	.062	\$ 56.33	\$ 1.44
DIAGNOSTIC AND ANC. PROCED	62	63	2,901.61	46.06	.014	46.80	.66
EYE APPLIANCES	68	193	3,225.03	16.71	.044	47.43	.73
OTHER OPTOMETRIC SERVICES	10	17	238.43	14.03	.004	23.84	.05
@CHIROPRACTOR	25	34	\$ 568.48	\$ 16.72	.008	\$ 22.74	\$.13
VISITS	25	34	568.48	16.72	.008	22.74	.13
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	114	215	\$ 1,666.29	\$ 7.75	.049	\$ 14.62	\$.38
MEDICINE/INJECTIONS	15	18	593.60	32.98	.004	39.57	.13
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	2	2	34.60	17.30	.000	17.30	.01
OTHER	99	195	1,038.09	5.32	.044	10.49	.23
@HOME HEALTH AGENCY	8	49	\$ 2,067.92	\$ 42.20	.011	\$ 258.49	\$.47
NURSE ANESTHESIST	1	5	\$ 122.65	\$ 24.53	.001	\$ 122.65	\$.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	519	3,081	\$ 632,740.89	\$ 205.37	.697	\$ 1219.15	\$ 143.19
HOSP INPATIENT TOTAL	124	632	573,321.12	907.15	.143	4623.56	129.74
HSC HOSPITALS	59	344	442,906.29	1287.52	.078	7506.89	100.23
NON-HSC HOSPITAL TOTAL	11	50	73,252.52	1465.05	.011	6659.32	16.58
ACCOMMODATIONS	11	50	15,740.45	314.81	.011	1430.95	3.56
ADMINISTRATIVE DAYS	1	8	1,059.55	132.44	.002	1059.55	.24
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	42	14,680.90	349.55	.010	1468.09	3.32
ANCILLARIES	11	0	57,512.07	.00	.000	5228.37	13.01
INPATIENT CROSSOVERS	56	238	57,162.31	240.18	.054	1020.76	12.94
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	431	2,449	59,419.77	24.26	.554	137.86	13.45
MEDICAL	128	217	10,561.21	48.67	.049	82.51	2.39
SURGERY	31	37	2,721.20	73.55	.008	87.78	.62
PATHOLOGY	167	917	10,505.13	11.46	.208	62.90	2.38
RADIOLOGY	100	159	10,385.32	65.32	.036	103.85	2.35
ROOM USE	223	346	13,854.22	40.04	.078	62.13	3.14
CROSSOVERS/ALL OTH OUTPTNT	175	773	11,392.69	14.74	.175	65.10	2.58
@COUNTY HOSPITAL TOTAL	185	776	\$ 144,245.79	\$ 185.88	.176	\$ 779.71	\$ 32.64
CO HOSPITAL INPATIENT TOTAL	16	106	125,035.00	1179.58	.024	7814.69	28.29
HSC HOSPITALS	14	97	123,355.00	1271.70	.022	8811.07	27.91
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	9	1,680.00	186.67	.002	840.00	.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	176	670	19,210.79	28.67	.152	109.15	4.35
MEDICAL	69	113	3,753.65	33.22	.026	54.40	.85
SURGERY	7	8	1,068.73	133.59	.002	152.68	.24
PATHOLOGY	65	290	3,310.00	11.41	.066	50.92	.75
RADIOLOGY	32	41	3,476.26	84.79	.009	108.63	.79
ROOM USE	126	179	6,609.89	36.93	.041	52.46	1.50
CROSSOVERS/ALL OTH OUTPTNT	22	39	992.26	25.44	.009	45.10	.22

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	350	2,305	\$	488,495.10	\$ 211.93	.522	\$ 1395.70	\$ 110.54
COMM HOSP INPATIENT TOTAL	109	526		448,286.12	852.25	.119	4112.72	101.45
HSC HOSPITALS	45	247		319,551.29	1293.73	.056	7101.14	72.31
NON-HSC HOSPITALS TOTAL	11	50		73,252.52	1465.05	.011	6659.32	16.58
ACCOMMODATIONS	11	50		15,740.45	314.81	.011	1430.95	3.56
ADMINISTRATIVE DAYS	1	8		1,059.55	132.44	.002	1059.55	.24
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	42		14,680.90	349.55	.010	1468.09	3.32
ANCILLARIES	11	0		57,512.07	.00	.000	5228.37	13.01
INPATIENT CROSSOVERS	54	229		55,482.31	242.28	.052	1027.45	12.56
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	268	1,779		40,208.98	22.60	.403	150.03	9.10
MEDICAL	60	104		6,807.56	65.46	.024	113.46	1.54
SURGERY	24	29		1,652.47	56.98	.007	68.85	.37
PATHOLOGY	104	627		7,195.13	11.48	.142	69.18	1.63
RADIOLOGY	69	118		6,909.06	58.55	.027	100.13	1.56
ROOM USE	103	167		7,244.33	43.38	.038	70.33	1.64
CROSSOVERS/ALL OTH OUTPTNT	155	734		10,400.43	14.17	.166	67.10	2.35
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	874	23,739	\$	3,215,474.66	\$ 135.45	5.372	\$ 3679.03	\$ 727.65
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	9	244		134,804.18	552.48	.055	14978.24	30.51
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	870	23,495		3,080,670.48	131.12	5.317	3541.00	697.14
@INTERMEDIATE CARE FACIL.-DD	36	892	\$	140,585.93	\$ 157.61	.202	\$ 3905.16	\$ 31.81
ICF DDH	27	665		99,102.50	149.03	.150	3670.46	22.43
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	9	227		41,483.43	182.75	.051	4609.27	9.39
@HEMODIALYSIS TOTAL	53	178	\$	30,696.53	\$ 172.45	.040	\$ 579.18	\$ 6.95
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	53	178		30,696.53	172.45	.040	579.18	6.95
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	158	741	\$	10,070.93	\$ 13.59	.168	\$ 63.74	\$ 2.28
PATHOLOGY	149	706		9,795.01	13.87	.160	65.74	2.22
XO AND OTHERS	9	35		275.92	7.88	.008	30.66	.06
@ORGANIZED OUTPATIENT CLINIC	395	657	\$	46,452.38	\$ 70.70	.149	\$ 117.60	\$ 10.51
CLINIC	41	70		1,670.47	23.86	.016	40.74	.38
SURGICENTER	22	60		4,139.53	68.99	.014	188.16	.94
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	335	527		40,642.38	77.12	.119	121.32	9.20

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 4,796 01/29/04

	4,419 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,077		129,376	\$ 236,622.53	\$ 1.83	29.277	\$ 219.71	\$ 53.55
DURABLE MED. EQUIP.	95		376	69,543.72	184.96	.085	732.04	15.74
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11		12	6,215.63	517.97	.003	565.06	1.41
MEDICAL TRANSPORTATION	220		14,456	47,385.61	3.28	3.271	215.39	10.72
AMBULANCES/AIR TRANS	59		397	7,515.49	18.93	.090	127.38	1.70
OTHER TRANS	161		13,955	39,455.86	2.83	3.158	245.07	8.93

OTHER SERVICES	8	104		414.26	3.98	.024	51.78	.09
ACUPUNCTURE	2	4		64.88	16.22	.001	32.44	.01
ADULT DAY HEALTH CARE CTR	10	119		8,225.88	69.13	.027	822.59	1.86
GENETIC DISEASE TESTING	1	1		105.00	105.00	.000	105.00	.02
IHMC,MODEL-NF,NF,AIDS,MSSP	9	41		5,320.93	129.78	.009	591.21	1.20
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	160	379		4,741.26	12.51	.086	29.63	1.07
PHYSICAL THERAPIST	2	5		90.94	18.19	.001	45.47	.02
PORTABLE X-RAY	2	3		3.44	1.15	.001	1.72	.00
PROSTHETIST/ORTHOTISTS	20	57		12,596.42	220.99	.013	629.82	2.85
PROSTHETICS	20	57		12,596.42	220.99	.013	629.82	2.85
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4		237.37	59.34	.001	237.37	.05
SPEECH AND AUDIOLOGY	29	64		2,335.44	36.49	.014	80.53	.53
HOSPICE SERVICES	9	158		18,154.33	114.90	.036	2017.15	4.11
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	172	4,087		22,272.42	5.45	.925	129.49	5.04
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	438	109,610		39,329.26	.36	24.804	89.79	8.90
@CALIF. CHILDREN SERVICES*	91	2,638	\$	256,874.08	\$ 97.37	.597	\$ 2822.79	\$ 58.13
@XOVER EXCLUDING STATE HOSP**	958	22,456	\$	242,913.59	\$ 10.82	5.082	\$ 253.56	\$ 54.97

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 4,797
 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
 KERN COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

860,510 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	680,860	13,071,611	\$ 347,568,340.95	\$ 26.59	15.191	\$ 510.48	\$ 403.91
@PHYSICIANS SERVICES	143,396	597,756	\$ 21,407,274.55	\$ 35.81	.695	\$ 149.29	\$ 24.88
OUTPATIENT VISITS	68,882	124,965	4,505,613.45	36.06	.145	65.41	5.24
OFFICE VISITS	43,968	61,140	2,007,167.05	32.83	.071	45.65	2.33
HOME VISITS	271	342	15,061.72	44.04	.000	55.58	.02
EMERGENCY ROOM	18,328	21,344	1,208,835.97	56.64	.025	65.96	1.40
PREVENTIVE CARE	455	466	17,545.01	37.65	.001	38.56	.02
OB VISITS/COMPRE PERI	7,632	38,660	1,146,848.78	29.66	.045	150.27	1.33
OTHER OUTPATIENT	2,531	3,013	110,154.92	36.56	.004	43.52	.13
INPATIENT VISITS	12,094	67,514	4,042,112.11	59.87	.078	334.22	4.70
HOSPITAL VISITS	10,547	52,210	2,015,216.51	38.60	.061	191.07	2.34
CRITICAL CARE	1,581	13,383	1,959,093.18	146.39	.016	1239.15	2.28
SNF/ICF/TRANS IP CARE	718	1,921	67,802.42	35.30	.002	94.43	.08
OPHTHALMOLOGICAL SERVICES	1,350	1,661	73,923.00	44.51	.002	54.76	.09
EXAMINATIONS	1,339	1,650	73,572.27	44.59	.002	54.95	.09
SERVICES AND MATERIALS	11	11	350.73	31.88	.000	31.88	.00
INPATIENT HOSPITAL SURGERY	8,608	32,507	4,316,043.78	132.77	.038	501.40	5.02
PRINCIPAL SURGEON	6,533	8,311	3,637,207.38	437.64	.010	556.74	4.23
ASSISTANT SURGEON	584	620	122,530.13	197.63	.001	209.81	.14
ANESTHESIOLOGIST	2,445	23,576	556,306.27	23.60	.027	227.53	.65
OUTPATIENT SURGERY	7,576	18,955	1,451,921.87	76.60	.022	191.65	1.69
PRINCIPAL SURGEON	6,158	7,823	1,221,354.33	156.12	.009	198.34	1.42
ASSISTANT SURGEON	62	64	8,840.81	138.14	.000	142.59	.01
ANESTHESIOLOGIST	1,845	11,068	221,726.73	20.03	.013	120.18	.26
DIALYSIS	703	2,371	177,897.53	75.03	.003	253.05	.21
PATHOLOGY	16,170	53,051	484,362.68	9.13	.062	29.95	.56
RADIOLOGY	25,820	56,282	2,505,585.81	44.52	.065	97.04	2.91
PSYCHIATRY	44	74	2,655.91	35.89	.000	60.36	.00

IMMUNIZATION AND INJECTION	3,793	24,917		662,553.04		26.59	.029	174.68	.77
OTHER SERVICES/ALL X-OVERS	54,349	215,459		3,184,605.37		14.78	.250	58.60	3.70
@PHARMACY	310,051	3,671,903	\$	101,010,010.33	\$	27.51	4.267	\$ 325.79	\$ 117.38
PRESCRIPTION DRUGS	305,346	1,286,617		96,568,676.22		75.06	1.495	316.26	112.22
SNF/ICF	19,794	141,470		8,004,177.54		56.58	.164	404.37	9.30
OUTPATIENTS	287,041	1,145,147		88,564,498.68		77.34	1.331	308.54	102.92
MEDICAL SUPPLIES	30,459	2,385,286		4,441,334.11		1.86	2.772	145.81	5.16
@DENTIST	117,545	710,302	\$	21,097,297.77	\$	29.70	.825	\$ 179.48	\$ 24.52
VISITS - DIAGNOSTIC	82,633	478,977		5,236,206.09		10.93	.557	63.37	6.09
ORAL SURGERY	18,638	43,792		2,463,354.96		56.25	.051	132.17	2.86
DRUGS	4,634	6,259		119,363.25		19.07	.007	25.76	.14
ANESTHESIA	1,887	1,921		175,300.00		91.25	.002	92.90	.20
PERIODONTICS	5,001	5,450		763,275.55		140.05	.006	152.62	.89
ENDODONTICS	10,662	18,756		2,339,520.05		124.73	.022	219.43	2.72
RESTORATIVE DENTISTRY	41,926	128,778		7,673,416.41		59.59	.150	183.02	8.92
PROSTHETICS	369	394		10,586.70		26.87	.000	28.69	.01
DENTURES, STAYPLATES	4,571	14,395		1,685,238.70		117.07	.017	368.68	1.96
SPACE MAINTAINERS	1,538	1,970		212,999.22		108.12	.002	138.49	.25
MAXILLOFACIAL SERVICES	195	210		21,632.98		103.01	.000	110.94	.03
FRACTURES, DISLOCATIONS	3	4		1,750.00		437.50	.000	583.33	.00
ORTHODONTIC SERVICES	4,083	5,055		380,719.36		75.32	.006	93.25	.44
ALL OTHER SERVICES	2,756	4,341		13,934.50		3.21	.005	5.06	.02
#CALIF DEPT OF HEALTH SERV									
MOP024									
KERN COUNTY									
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003									
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860,510 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10,606	27,498	\$ 641,754.00	\$ 23.34	.032	\$ 60.51	\$.75
DIAGNOSTIC AND ANC. PROCED	6,342	6,420	295,117.42	45.97	.007	46.53	.34
EYE APPLIANCES	6,704	19,497	309,750.81	15.89	.023	46.20	.36
OTHER OPTOMETRIC SERVICES	1,204	1,581	36,885.77	23.33	.002	30.64	.04
@CHIROPRACTOR	2,942	4,428	\$ 72,088.18	\$ 16.28	.005	\$ 24.50	\$.08
VISITS	2,845	4,263	70,743.96	16.59	.005	24.87	.08
OTHER SERVICES	97	165	1,344.22	8.15	.000	13.86	.00
@PODIATRIST	4,982	9,230	\$ 111,976.10	\$ 12.13	.011	\$ 22.48	\$.13
MEDICINE/INJECTIONS	1,191	1,394	39,804.64	28.55	.002	33.42	.05
SURGERY/ANES.	67	81	4,637.55	57.25	.000	69.22	.01
RADIO./PATHOLOGY	95	145	2,601.02	17.94	.000	27.38	.00
OTHER	3,828	7,610	64,932.89	8.53	.009	16.96	.08
@HOME HEALTH AGENCY	1,534	53,827	\$ 1,901,847.39	\$ 35.33	.063	\$ 1239.80	\$ 2.21
NURSE ANESTHESIST	482	2,947	\$ 52,112.35	\$ 17.68	.003	\$ 108.12	\$.06
NURSE MIDWIFE	5	14	\$ 2,217.80	\$ 158.41	.000	\$ 443.56	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	10	13	\$ 431.67	\$ 33.21	.000	\$ 43.17	\$.00
@TOTAL HOSPITAL	86,203	447,939	\$ 84,348,635.16	\$ 188.30	.521	\$ 978.49	\$ 98.02
HOSP INPATIENT TOTAL	13,823	75,048	74,109,899.58	987.50	.087	5361.35	86.12
HSC HOSPITALS	9,375	48,407	59,743,875.47	1234.20	.056	6372.68	69.43
NON-HSC HOSPITAL TOTAL	1,664	8,915	11,813,437.64	1325.12	.010	7099.42	13.73
ACCOMMODATIONS	1,661	8,915	2,808,783.91	315.06	.010	1691.02	3.26
ADMINISTRATIVE DAYS	76	658	147,648.24	224.39	.001	1942.74	.17
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,593	8,257	2,661,135.67	322.29	.010	1670.52	3.09
ANCILLARIES	1,652	0	9,004,653.73	.00	.000	5450.76	10.46
INPATIENT CROSSOVERS	2,907	17,726	2,551,314.41	143.93	.021	877.65	2.96
ALL OTHER INPATIENT	2	0	1,272.06	.00	.000	636.03	.00
HOSP OUTPATIENT TOTAL	77,796	372,891	10,238,735.58	27.46	.433	131.61	11.90
MEDICAL	17,486	27,221	1,039,927.24	38.20	.032	59.47	1.21
SURGERY	5,081	6,480	524,042.10	80.87	.008	103.14	.61
PATHOLOGY	28,851	128,864	1,491,799.63	11.58	.150	51.71	1.73

RADIOLOGY	16,261	23,526		1,758,151.28	74.73	.027	108.12	2.04
ROOM USE	38,612	58,020		2,453,217.67	42.28	.067	63.54	2.85
CROSSOVERS/ALL OTH OUTPTNT	34,469	128,780		2,971,597.66	23.07	.150	86.21	3.45
@COUNTY HOSPITAL TOTAL	38,392	170,848	\$	32,289,484.56	\$ 189.00	.199	\$ 841.05	\$ 37.52
CO HOSPITAL INPATIENT TOTAL	4,799	22,462		27,570,220.79	1227.42	.026	5744.99	32.04
HSC HOSPITALS	4,657	20,786		27,312,696.39	1313.99	.024	5864.87	31.74
NON-HSC HOSPITALS TOTAL	16	325		107,942.65	332.13	.000	6746.42	.13
ACCOMMODATIONS	16	325		71,876.48	221.16	.000	4492.28	.08
ADMINISTRATIVE DAYS	15	323		71,413.88	221.10	.000	4760.93	.08
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		462.60	231.30	.000	462.60	.00
ANCILLARIES	16	0		36,066.17	.00	.000	2254.14	.04
INPATIENT CROSSOVERS	133	1,351		149,581.75	110.72	.002	1124.67	.17
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	36,119	148,386		4,719,263.77	31.80	.172	130.66	5.48
MEDICAL	10,029	14,815		491,889.57	33.20	.017	49.05	.57

SURGERY	2,147	2,994	372,118.96	124.29	.003	173.32	.43
PATHOLOGY	11,681	52,434	569,356.47	10.86	.061	48.74	.66
RADIOLOGY	5,117	7,339	681,823.83	92.90	.009	133.25	.79
ROOM USE	20,581	32,963	1,389,255.24	42.15	.038	67.50	1.61
CROSSOVERS/ALL OTH OUTPTNT	12,973	37,841	1,214,819.70	32.10	.044	93.64	1.41

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 4,799 01/29/04

860,510 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	50,429	277,091	\$ 52,059,150.60	\$ 187.88	.322	\$ 1032.33	\$ 60.50
COMM HOSP INPATIENT TOTAL	9,121	52,586	46,539,678.79	885.02	.061	5102.48	54.08
HSC HOSPITALS	4,792	27,621	32,431,179.08	1174.15	.032	6767.78	37.69
NON-HSC HOSPITALS TOTAL	1,648	8,590	11,705,494.99	1362.69	.010	7102.85	13.60
ACCOMMODATIONS	1,645	8,590	2,736,907.43	318.62	.010	1663.77	3.18
ADMINISTRATIVE DAYS	61	335	76,234.36	227.57	.000	1249.74	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1,592	8,255	2,660,673.07	322.31	.010	1671.28	3.09
ANCILLARIES	1,636	0	8,968,587.56	.00	.000	5482.02	10.42
INPATIENT CROSSOVERS	2,775	16,375	2,401,732.66	146.67	.019	865.49	2.79
ALL OTHER INPATIENT	2	0	1,272.06	.00	.000	636.03	.00
COMM HOSP OUTPATIENT TOTAL	43,870	224,505	5,519,471.81	24.59	.261	125.81	6.41
MEDICAL	7,685	12,406	548,037.67	44.18	.014	71.31	.64
SURGERY	2,954	3,486	151,923.14	43.58	.004	51.43	.18
PATHOLOGY	17,631	76,430	922,443.16	12.07	.089	52.32	1.07
RADIOLOGY	11,360	16,187	1,076,327.45	66.49	.019	94.75	1.25
ROOM USE	18,991	25,057	1,063,962.43	42.46	.029	56.02	1.24
CROSSOVERS/ALL OTH OUTPTNT	21,799	90,939	1,756,777.96	19.32	.106	80.59	2.04
@STATE HOSPITAL	8	39	\$ 32,479.89	\$ 832.82	.000	\$ 4059.99	\$.04
MENTALLY ILL	6	0	16,339.53	.00	.000	2723.26	.02
DEVELOP. DISABLED	2	39	16,140.36	413.86	.000	8070.18	.02
@NURSING FACILITY	17,321	506,503	\$ 63,051,154.48	\$ 124.48	.589	\$ 3640.16	\$ 73.27
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	19	500	288,790.27	577.58	.001	15199.49	.34
LEV B-SUBACUTE HSPTL BASED	443	14,295	7,336,461.78	513.22	.017	16560.86	8.53
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	16,988	491,708	55,425,902.43	112.72	.571	3262.65	64.41
@INTERMEDIATE CARE FACIL.-DD	2,208	67,377	\$ 10,275,568.79	\$ 152.51	.078	\$ 4653.79	\$ 11.94
ICF DDH	1,345	40,811	5,611,801.15	137.51	.047	4172.34	6.52
ICF DD	12	365	47,371.58	129.79	.000	3947.63	.06
ICF DDN/DDCN	852	26,201	4,616,396.06	176.19	.030	5418.31	5.36
@HEMODIALYSIS TOTAL	3,897	42,891	\$ 3,274,614.98	\$ 76.35	.050	\$ 840.29	\$ 3.81
HOSPITAL BASED	8	12	30,535.17	2544.60	.000	3816.90	.04
HEMODIALYSIS CENTER	3,889	42,879	3,244,079.81	75.66	.050	834.17	3.77
@REHABILITATION FACILITY	132	460	\$ 15,103.09	\$ 32.83	.001	\$ 114.42	\$.02
HOSPITAL BASED	114	333	12,648.77	37.98	.000	110.95	.01
INDEPENDENT FACILITY	18	127	2,454.32	19.33	.000	136.35	.00
@LABORATORY FACILITY	30,476	119,000	\$ 1,590,349.02	\$ 13.36	.138	\$ 52.18	\$ 1.85
PATHOLOGY	28,862	113,333	1,521,721.88	13.43	.132	52.72	1.77
XO AND OTHERS	1,673	5,667	68,627.14	12.11	.007	41.02	.08
@ORGANIZED OUTPATIENT CLINIC	137,978	233,921	\$ 18,164,082.03	\$ 77.65	.272	\$ 131.64	\$ 21.11
CLINIC	7,825	19,253	582,037.00	30.23	.022	74.38	.68
SURGICENTER	1,478	4,433	250,521.23	56.51	.005	169.50	.29
HEROIN DETOX CLINIC	51	711	8,017.71	11.28	.001	157.21	.01
RURAL HEALTH CLINIC	128,993	209,524	17,323,506.09	82.68	.243	134.30	20.13

#CALIF DEPT OF HEALTH SERV MOP024 KERN COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PAGE 4,800 01/29/04

860,510 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	137,665	6,575,556	\$ 20,519,228.06	\$ 3.12	7.641	\$ 149.05	\$ 23.85
DURABLE MED. EQUIP.	5,760	23,834	3,254,842.14	136.56	.028	565.08	3.78
BLOOD BANK	1	4	382.50	95.63	.000	382.50	.00
HEARING AID DISPENSERS	903	1,256	311,393.22	247.92	.001	344.84	.36
MEDICAL TRANSPORTATION	14,008	507,061	3,078,927.46	6.07	.589	219.80	3.58
AMBULANCES/AIR TRANS	8,284	102,125	1,484,348.45	14.53	.119	179.18	1.72
OTHER TRANS	5,426	390,657	1,178,374.99	3.02	.454	217.17	1.37
OTHER SERVICES	900	14,279	416,204.02	29.15	.017	462.45	.48
ACUPUNCTURE	101	326	5,721.96	17.55	.000	56.65	.01
ADULT DAY HEALTH CARE CTR	2,451	36,714	2,539,620.25	69.17	.043	1036.16	2.95
GENETIC DISEASE TESTING	3,931	3,939	406,971.50	103.32	.005	103.53	.47
IHMC,MODEL-NF,NF,AIDS,MSSP	1,745	27,620	1,211,014.56	43.85	.032	693.99	1.41
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	24,117	54,162	622,962.64	11.50	.063	25.83	.72
PHYSICAL THERAPIST	191	756	19,465.22	25.75	.001	101.91	.02
PORTABLE X-RAY	125	298	5,403.64	18.13	.000	43.23	.01
PROSTHETIST/ORTHOTISTS	2,414	5,873	487,770.20	83.05	.007	202.06	.57
PROSTHETICS	1,992	5,285	440,789.63	83.40	.006	221.28	.51
ORTHOTICS	518	588	46,980.57	79.90	.001	90.70	.05
PSYCHOLOGIST	542	2,411	141,330.43	58.62	.003	260.76	.16
SPEECH AND AUDIOLOGY	2,557	6,379	365,696.87	57.33	.007	143.02	.42
HOSPICE SERVICES	390	9,776	975,011.95	99.74	.011	2500.03	1.13
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	61,019	747,172	4,497,718.38	6.02	.868	73.71	5.23
EPSDT SUPPLEMENTAL SERVICE	4	1,162	28,515.69	24.54	.001	7128.92	.03
RESPIRATORY CARE PRACT.	3	7	115.31	16.47	.000	38.44	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26,154	5,146,813	2,566,479.45	.50	5.981	98.13	2.98
@CALIF. CHILDREN SERVICES*	15,370	702,459	\$ 32,323,612.89	\$ 46.01	.816	\$ 2103.03	\$ 37.56
@XOVER EXCLUDING STATE HOSP**	69,360	1,062,025	\$ 11,997,606.67	\$ 11.30	1.234	\$ 172.98	\$ 13.94

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.